

DER

State Well Report

Part 1

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
 Well #: P-33 127
 L. S. Elevation: 32
 E-log #: P-0032

County: SIMPSON
 Permit #: NA
 Driller: A-1 DRILLING SERV INC
 Date drilling completed: 8-30-04

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

| Well Owner Information | Well Location |
|---|---|
| Owner Name: <u>JAYNESVILLE FARM #1</u> | Latitude: <u>31° 46' 55"</u> Longitude: <u>89° 46' 14"</u> |
| Mailing Address: <u>101 HIGHWAY 541 S</u> <u>MT. OLIVE, MS 39119</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____ | <u>NW 1/4 NW 1/4</u> Sec <u>1</u> Twn <u>9N</u> Rng <u>18W</u> |
| Telephone No. <u>(601) 849-6050</u> | Distance <u>1.7</u> Miles Direction <u>W</u> of Nearest Town <u>MT. OLIVE</u> |

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 8-6-04 Date well drilling completed: 8-11-04

If flowing, method of flow regulation: Valve NA Other (describe) _____

Static Water Level: 84' feet above or below (circle one) land surface Date measured: 8-11-04

Method of Measurement (circle one) steel tape electric tape air line other: _____

Hole depth: 220 Well depth: 220 Well grouted to a depth of 65 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 198 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 198 feet to 218 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: NA feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): OFFICE OF GEOLOGY

RECEIVED
 SEP 13 2004
 BY: OLWR

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

A-1 DRILLING SERV., INC 0410
 Print Name of Water Well Contractor and License No.

[Signature]
 Signature of Water Well Contractor

DEQ

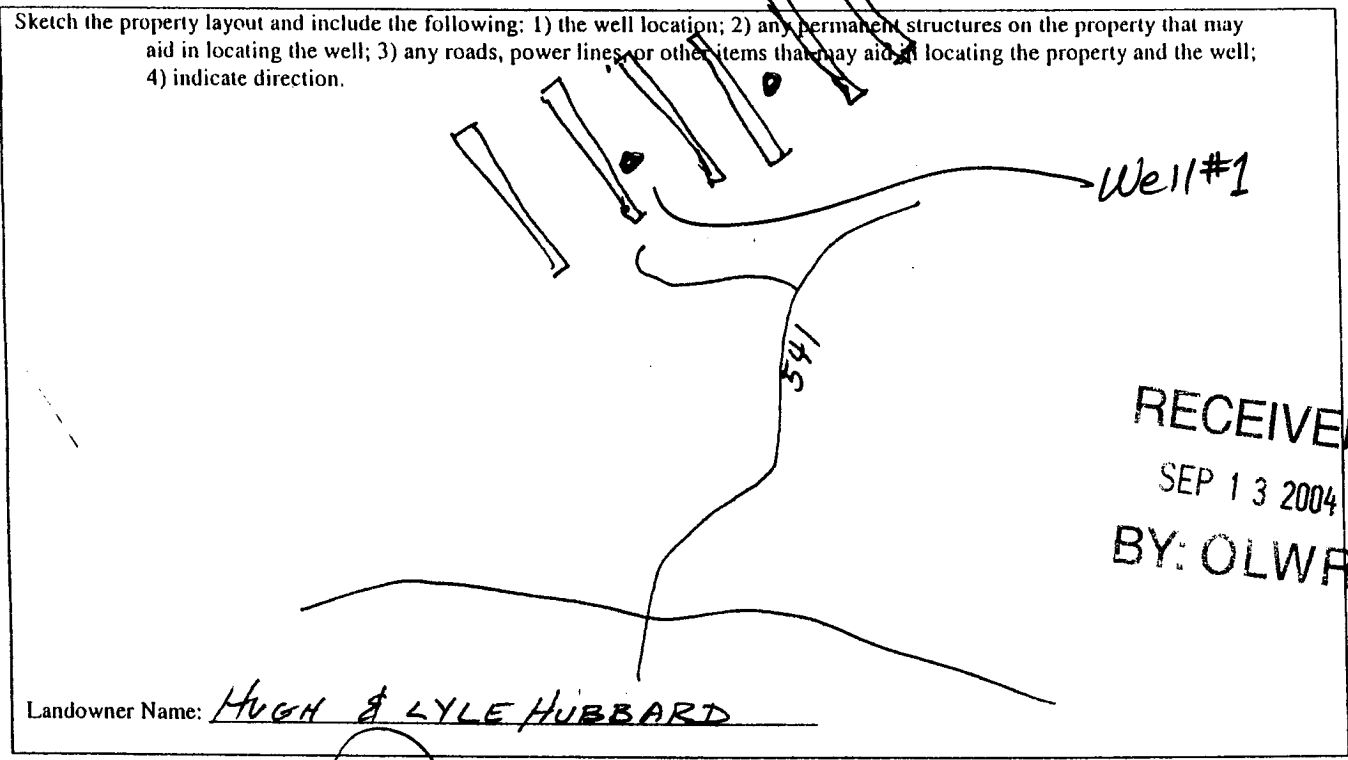
If well telescopes please sketch below and show depths.

Ground Level

R 32

| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| RED SANDY CLAY | 0 | 18 |
| SAND, YELLOW | 18 | 21 |
| WHITE CLAY, PINK CLAY | 21 | 32 |
| CLAY W/ SANDY STRS | 32 | 77 |
| SAND & GRAVEL | 77 | 117 |
| CLAY | 117 | 118 |
| SAND & GRAVEL | 118 | 185 |
| SAND, V. COARSE, PEA GRAVEL | 185 | 220 |
| GRAVEL, BROWN | 220 | 222 |
| ROCK | 222 | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

If more than one screen, show location of each on sketch



Signature of Water Well Contractor

DEO

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: P-33 32

Elevation: _____

County: SIMPSON
 Permit #: NA
 Driller: _____
 Date completed: 8-30-04

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

| Well Owner Information | Well Location |
|--|--|
| Owner Name: <u>JAYNESVILLE FARM #1</u> | Latitude: <u>31°46'55"</u> Longitude: <u>89°46'14"</u> |
| Mailing Address: <u>101 HIGHWAY 54 S</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>MT. OLIVE, MS 39119</u> | USGS quad, <u>Hand-held GPS</u> Survey-grade GPS |
| City State Zip Code | <u>NW 1/4 NW 1/4 Sec 1 Twn 9 N Rng 18 W</u> |
| Telephone No. <u>(601) 349-6050</u> | Distance Direction Nearest Town |
| | <u>±7 Miles W of MT. OLIVE</u> |

| Pump Type Circle one | Power Type Circle one |
|---|---|
| Air Lift Jet <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine | <u>Electric Motor</u> Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>5</u> |
| Date Pump Installed: <u>8-18-04</u> | Setting Depth: <u>120</u> feet |
| Rated Pump Capacity: <u>55</u> Gallons Per Minute | Number of Stages: <u>15</u> |

RECEIVED
 SEP 13 2004
 BY: OLWR

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|---|
| Date Well Tested: <u>NA</u> | Air Line <u>Electric Measuring Line</u> Steel Tape |
| Static Water Level (A): <u>84</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>NA</u> Feet Below Land Surface | For flowing well, measured shut in head: <u>NA</u> feet |
| Drawdown [(B) - (A)]: <u>NA</u> Feet Below Land Surface | Well yielded <u>NA</u> GPM with a drawdown of |
| Test Pumping Rate: _____ Gallons Per Minute | <u>NA</u> feet after <u>NA</u> hours of pumping |
| Duration of Pump Test (minimum 4 hours): _____ hours | |

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

A-1 DRILLING SERVICE INC 0410
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer