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A-1 DRILLING SERVICE

PAGE 01

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State Well Report

Part I

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 #: B-33
 L. S. Elevation: _____
 E-log #: _____

County: Smith
 Permit #: _____
 Driller: M. Baughman
 Date drilling completed: 3-11-05

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>Mr. David Gorce</u>	Latitude: <u>32° 11.390'</u> Longitude: <u>89° 31.690'</u>
Mailing Address: <u>825 SCR 32-B1</u>	Method of Lat/Long (circle one): <u>23</u> Conventional Survey.
<u>PULASKI MS 39152</u>	USGS quad: <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>SE 1/4 NE 1/4 Sec 13 Twn 4N Rng 7E</u>
Telephone No. () _____	Distance Direction Nearest Town <u>1</u> Miles <u>NE</u> of <u>Lorena</u>

Well Data

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

Date well drilling started: 2-15-05 Date well drilling completed: 3-11-05

If flowing, method of flow regulation: Valve N/A Other (describe) N/A

Static Water Level: 130 feet above below (circle one) land surface Date measured: 3/11/05

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

Hole depth: 600' Well depth: 575' Well grouted to a depth of 60' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 550' feet Casing diameter: 4" inches Type of casing: Galv. steel

Screen length: 25' feet Screen diameter: 4" inches Type of screen: 55-bar-weld

Screen slot size: .005" inches Setting depth: From 550 feet to 575 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): DEQ

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.

Mike Baughman 587
 Print Name of Water Well Contractor and License No.

[Signature]
 Signature of Water Well Contractor

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 BY: OLWR

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 #: B-33

Elevation: _____

County: Smith
 Permit #: _____
 Driller: M. Baughman
 Date completed: 6-21-05

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>Mr. David Gorce</u>	Latitude: <u>32° 11.390'</u> Longitude: <u>89° 31.698'</u>
Mailing Address: <u>825 SER 32-81</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Pulaski, Ms. 39162</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE ¼ NE ¼ Sec 13 Twp 4N Rng 7E</u>
Telephone No. <u>(601) 536-3776</u>	Distance Direction Nearest Town
	<u>1 Miles NE of Lorena</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 HP</u>
Date Pump Installed: <u>6-21-05</u>	Setting Depth: <u>252</u> feet
Rated Pump Capacity: <u>33</u> Gallons Per Minute	Number of Stages: <u>22</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>130'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Mike Baughman 587 Mike Baughman
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer