

### State Well Report

#### Part 1

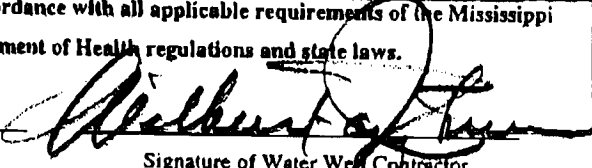
Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

#### For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: B-36  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: SMITH  
 Permit #: \_\_\_\_\_  
 Driller: A-1 DRLG SERV. INC.  
 Date drilling completed: 9-8-06

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>NEAL GOREE</u>		Latitude: <u>32° 11' 27"</u> Longitude: <u>89° 31' 04"</u>	
Mailing Address: <u>162 SCR-35 11B</u>		Method of Lat/Long (circle one): Conventional Survey, <u>50</u>	
<u>PULASKI MS 39152</u>		USGS quad: Hand-held GPS, Survey-grade GPS	
City: _____ State: _____ Zip Code: _____		<u>NEAR CNTR</u>	
Telephone No. <u>(601) 536-3044</u>		<u>S 1/2 NE 13</u> Sec. <u>13</u> Twn. <u>4N</u> Rng. <u>7E</u>	
Well Data		Distance _____ Direction _____ Nearest Town _____	
Purpose of Well (circle one) Home <input checked="" type="radio"/> <u>Industrial</u> Public Supply Irrigation Fish Culture Other: <u>POULTRY FARM</u>		Date well drilling started: <u>8-24-06</u> Date well drilling completed: <u>9-8-06</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____		Static Water Level: <u>113</u> feet above <input checked="" type="radio"/> <u>below</u> (circle one) land surface Date measured: _____	
Method of Measurement (circle one) steel tape electric tape air line other: <u>9-11-06</u>		Hole depth: <u>610'</u> Well depth: <u>593'</u> Well grouted to a depth of <u>53</u> feet	
Type of grout (circle one): <input checked="" type="radio"/> <u>Cement</u> Bentonite Mix		Casing length: <u>542</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>GALV. ST.</u>	
Screen length: <u>50</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>BAR WELD SS</u>		Screen slot size: <u>1.005</u> inches Setting depth: From <u>540</u> feet to <u>590</u> feet	
Type of completion (circle all applicable): Gravel packed Undertreamed Telescoped Open hole <input checked="" type="radio"/> <u>Natural Development</u>		Other (describe): _____	
Top of lap pipe or reduction in casing: <u>NA</u> feet. If telescoped or more than one screen, describe on back of page		Logs run (circle all applicable): No log run <input checked="" type="radio"/> <u>Electric</u> <input checked="" type="radio"/> <u>Gamma Ray</u> Density Sonic Neutron Other: _____	
Name of organization running log(s): <u>OFFICE OF GEOLOGY</u>		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.	
<u>WILBUR T. BAUGHMAN 0410</u>			
Print Name of Water Well Contractor and License No.		Signature of Water Well Contractor	

RECEIVED  
 OCT 03 2006  
 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)

County: SMITH  
 Permit #: \_\_\_\_\_  
 Driller: A-1 DRILLING SERVICE, INC  
 Date completed: \_\_\_\_\_

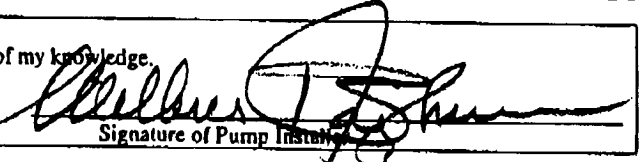
**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: B-36  
 Elevation: \_\_\_\_\_

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>NEAL GOREE</u>	Latitude: <u>32 11 27</u> Longitude: <u>89 31 84</u> <u>50</u>
Mailing Address: <u>162 SCR -</u> <u>35-11B</u> <u>PO BOX 1 MS 39152</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, <u>USGS quad, hand-held GPS</u> , Survey-grade GPS <u>NEAL CNTR</u> <u>S 1/2 NE 1/4 Sec 13 Twn 4N Rng 7E</u>
Telephone No. <u>(601) 536-3044</u>	Distance Direction Nearest Town <u>1</u> Miles <u>NW</u> of <u>LORENA</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>10-3-06</u>	Setting Depth: <u>231</u> feet
Rated Pump Capacity: <u>5.5</u> Gallons Per Minute	Number of Stages: <u>22</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>--</u>	Air Line <input type="radio"/> <u>Electric Measuring Line</u> <input checked="" type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>113</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>--</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>--</u> feet
Drawdown [(B) - (A)]: <u>--</u> Feet Below Land Surface	Well yielded <u>--</u> GPM with a drawdown of <u>--</u> feet after <u>--</u> hours of pumping
Test Pumping Rate: <u>--</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>--</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
WILBUR T. BAUGHMAN 0410   
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED  
 OCT 03 2006  
 BY: OLWR