

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 #:	<u>C-29</u>
L. S. Elevation:	_____
E-log #:	_____

County:	<u>SMITH</u>
Permit #:	_____
Driller:	<u>A-1 DRILLING SERV</u>
Date drilling completed:	<u>11-10-05</u>

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>JACK BATTE & SONS</u>	Latitude:	_____ " Longitude: _____ "
Mailing Address:	<u>ROUTE 2, BOX 707</u>	Method of Lat/Long (circle one):	Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
	<u>FOREST MS 39074</u>		<u>NW 1/4 NE 1/4 Sec 29 Twn 4 N Rng 8 E</u>
	City State Zip Code	Distance	Direction Nearest Town
Telephone No.:	<u>(601) 536-3736</u>	<u>1 1/2</u> Miles	<u>SE</u> of <u>LORENA</u>

Well Data	
Purpose of Well (circle one):	Home <input type="radio"/> <u>Industrial</u> <input type="radio"/> Public Supply <input type="radio"/> Irrigation <input type="radio"/> Fish Culture <input type="radio"/> Other: <u>LOG SPRINKLING</u>
Date well drilling started:	<u>10-31-05</u> Date well drilling completed: <u>11-10-05</u>
If flowing, method of flow regulation:	Valve <u>NA</u> Other (describe) _____
Static Water Level:	<u>162</u> feet above <input checked="" type="radio"/> Below <input type="radio"/> (circle one) land surface Date measured: <u>11-9-05</u>
Method of Measurement (circle one):	steel tape <input type="radio"/> <u>Electric tape</u> <input checked="" type="radio"/> air line other: _____
Hole depth:	<u>650'</u> Well depth: <u>635'</u> Well grouted to a depth of <u>17</u> feet
Type of grout (circle one):	<u>Cement</u> <input checked="" type="radio"/> Bentonite <input type="radio"/> Mix <input type="radio"/>
Casing length:	<u>601</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>Galv. steel</u>
Screen length:	<u>35</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>Bar weld st. steel</u>
Screen slot size:	<u>.005</u> inches Setting depth: From <u>600</u> feet to <u>635</u> feet
Type of completion (circle all applicable):	Gravel packed <input type="radio"/> Underreamed <input type="radio"/> Telescoped <input type="radio"/> Open hole <input checked="" type="radio"/> <u>Natural Development</u>
Other (describe): _____	
Top of tap 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 type="radio"/> <u>Electric</u> <input checked="" type="radio"/> <u>Gamma Ray</u> <input checked="" type="radio"/> Density <input type="radio"/> Sonic <input type="radio"/> Neutron <input type="radio"/> 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.

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

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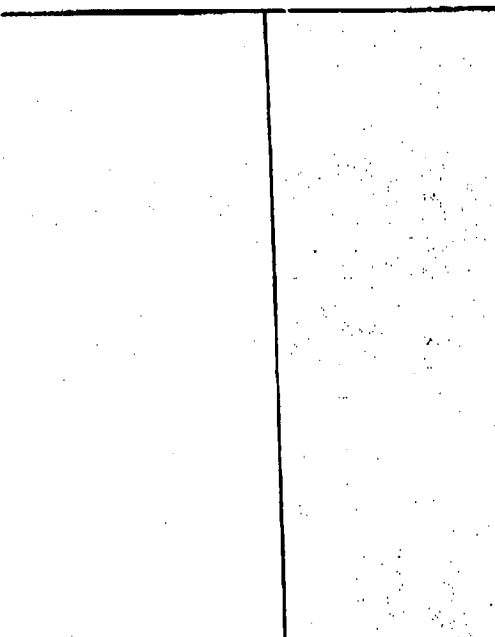
A-1 DRILLING SERVICE

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If well telescopes please sketch below and show depths.

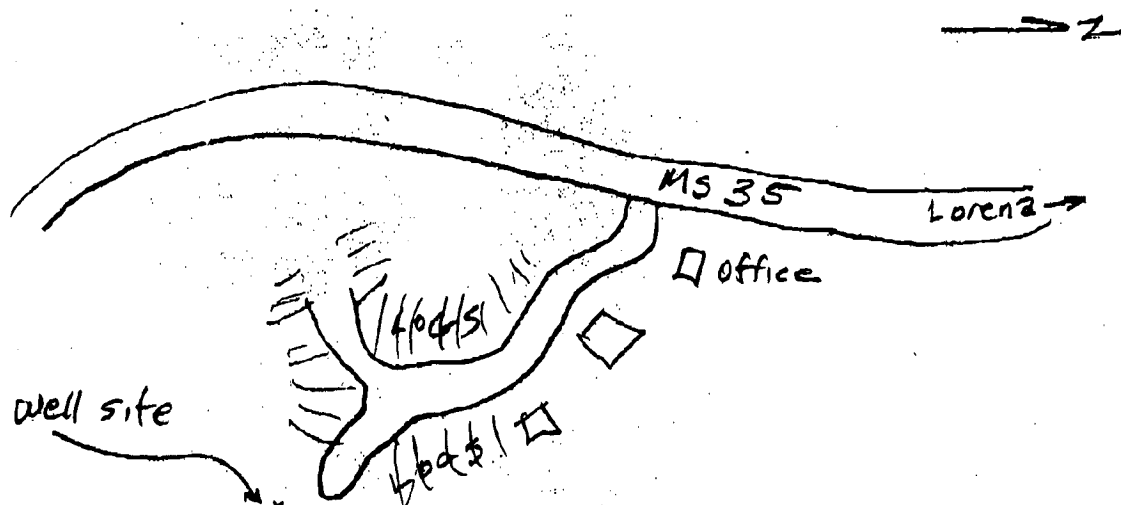
Ground Level



Description of Formations Encountered	From	To
Clay, red	0	2
Clay, red, sandy	2	6
Clay, tan	6	11
Clay, sandy	11	21
Sand	21	27
Clay, tan	27	55
Clay, sandy	55	84
Sand, v. fine	84	102
Clay, gray	102	128
Clay, gray green (rock @ 164)	128	360
Clay, sandy w/ hard streaks	360	400
Clay, sandy w/ sea shells	400	435
Clay, sandy, brown	435	470
Sand, v. fine	470	530
Clay, sandy	530	540
Clay, hard, brown	540	570
Sand, v. fine	570	625
Clay, sandy, brown	625	650

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



Landowner Name: BATTLE LUMBER CO WELL

Albert J. ...
 Signature of Water Well Contractor

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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 #: C-89
 Elevation: _____

County: JMINT
 Permit #: _____
 Driller: A-1 DRILLING SERV
 Date completed: 11-21-05

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>JACK BATTLE & SONS</u>	Latitude: <u>320945N</u> Longitude: <u>892938W</u>
Mailing Address: <u>ROUTE 2, BOX 707</u>	Method of Lat/Long (circle one): Conventional Survey.
<u>FOREST MS 39074</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>SW, SW NE 1/4 NE 1/4 Sec 29 Twn 4N Rng 0E</u>
Telephone No. <u>(601) 536-3736</u>	Distance Direction Nearest Town
	<u>1 1/2 Miles SE of LORENA</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>10</u>
Date Pump Installed: <u>11-21-05</u>	Setting Depth: <u>295</u> feet
Rated Pump Capacity: <u>75</u> Gallons Per Minute	Number of Stages: <u>21</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input checked="" type="radio"/> Electric Measuring Line Steel Tape
Static Water Level (A): <u>162</u> Feet <input checked="" type="radio"/> Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: <u>NA</u> 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.
A-1 DRILLING SERVICE 0410
 Print Name of Pump Installer and License No. (if applicable) [Signature]
 Signature of Pump Installer

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 BY: OLWR