

### 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 #: 00030  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Smith  
Permit #: \_\_\_\_\_  
Driller: Water Well Ser.  
Date drilling completed: Jan 15, 07

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>Rodger Barnes</u>	Latitude: <u>32° 10' 35"</u> Longitude: <u>87° 30' 55"</u> <u>32 10 35</u> <u>87 30 55</u>
Mailing Address: <u>3854 Hwy 902</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Pulaski, MS 38152</u> City State Zip Code	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
Telephone No. <u>(601) 536-3954</u>	<u>NW 1/4 NE 1/4 Sec 18 Twn 4N Rng 8E</u>
	Distance Direction Nearest Town <u>1</u> Miles <u>W</u> of <u>Lumbia</u>

**Well Data**

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

Date well drilling started: JAN 4, 2007 Date well drilling completed: Jan 15 2007

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 67' feet above or below (circle one) land surface Date measured: Jan 14, 2007

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

Hole depth: 180' Well depth: 155' Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 135 feet Casing diameter: 4" inches Type of casing: PVC

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

Screen slot size: .008 inches Setting depth: From 135' feet to 155' 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: \_\_\_\_\_ 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): Dea

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.

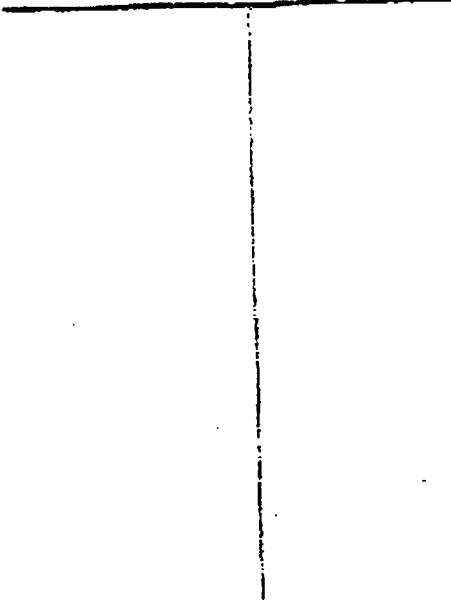
A.J. Fincher 0-560MS  
Print Name of Water Well Contractor and License No.

[Signature]  
Signature of Water Well Contractor

C-30

If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
TOP Soil	0	12
Red Sand	12	52
Grey Clay	52	130
Blue Grey Clay	130	160
Grey Clay	160	180

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: Rodger Barns

Carl L. J.  
 Signature of Water Well Contractor

# 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: \_\_\_\_\_  
 Date completed: JAN 25, 2007

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: 0530  
 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>Rodger Barnes</u>	Latitude: <u>32 10 35</u> Longitude: <u>89 30 55</u>
Mailing Address: <u>3854 Hwy 902</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>Pulaski</u> <u>MS</u> <u>39152</u>	<input type="radio"/> USGS quad, <input checked="" type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City State Zip Code	<u>NW 1/4 NE 1/4</u> Sec <u>18</u> Twn <u>4N</u> Rng <u>8E</u>
Telephone No. <u>(601) 536-3954</u>	Distance Direction Nearest Town
	<u>1</u> Miles <u>W</u> of <u>Lumbia</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <input checked="" type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2</u>
Date Pump Installed: <u>1-22-07</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>30</u> Gallons Per Minute	Number of Stages: <u>6</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-22-07</u>	Air Line <input type="checkbox"/> <input checked="" type="checkbox"/> <u>Electric Measuring Line</u> <input type="checkbox"/> Steel Tape
Static Water Level (A): <u>67</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>100</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown (B) - (A): <u>33</u> Feet Below Land Surface	Well yielded <u>30</u> GPM with a drawdown of
Test Pumping Rate: <u>30</u> Gallons Per Minute	<u>33</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

A.J. Fincher 0-560 MS  
 Print Name of Pump Installer and License No. (if applicable)

[Signature]  
 Signature of Pump Installer