

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 #: F-24
 L. S. Elevation: _____
 E-log #: _____

County: SMITH
 Permit #: NA
 Driller: A-1 DRILLING SERVICE, Inc
 Date drilling completed: 12-6-04

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>ALEXANDER FARMS</u>	Latitude: <u>32° 05' 00"</u> Longitude: <u>89° 34' 28"</u>
Mailing Address: <u>(CHARLES ALEXANDER)</u> <u>2702 SCR 539</u> <u>RALEIGH, MS 39153</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS <u>CNTR</u> <u>N 1/2 SW 1/4</u> Sec <u>22</u> Twn <u>3N</u> Rng <u>7E</u>
Telephone No. <u>(601) 536-3841</u>	Distance Direction Nearest Town <u>2.3</u> Miles <u>NE</u> of <u>RALEIGH, MS</u>

Well Data

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

Date well drilling started: 11-9-04 Date well drilling completed: 12-6-04

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

Static Water Level: 122 feet above or below (circle one) land surface Date measured: 12-6-04

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

Hole depth: 732' Well depth: 730' Well grouted to a depth of 65 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 683 feet Casing diameter: 4 inches Type of casing: GALV. STEEL

Screen length: 35 feet Screen diameter: 4 inches Type of screen: BAR WELD ST. ST.

Screen slot size: .005 inches Setting depth: From 710' feet to 730' 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): MS OFFICE OF GEOLOGY

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.

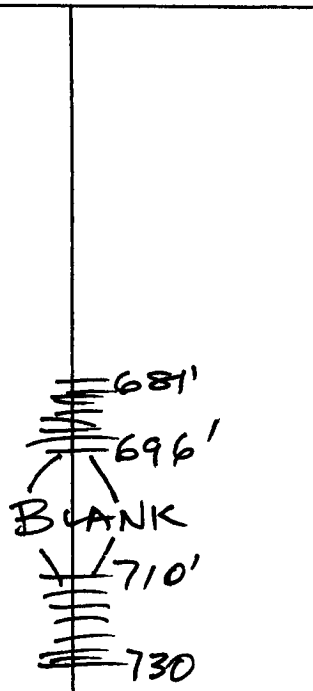
[Signature]
 Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

F-24

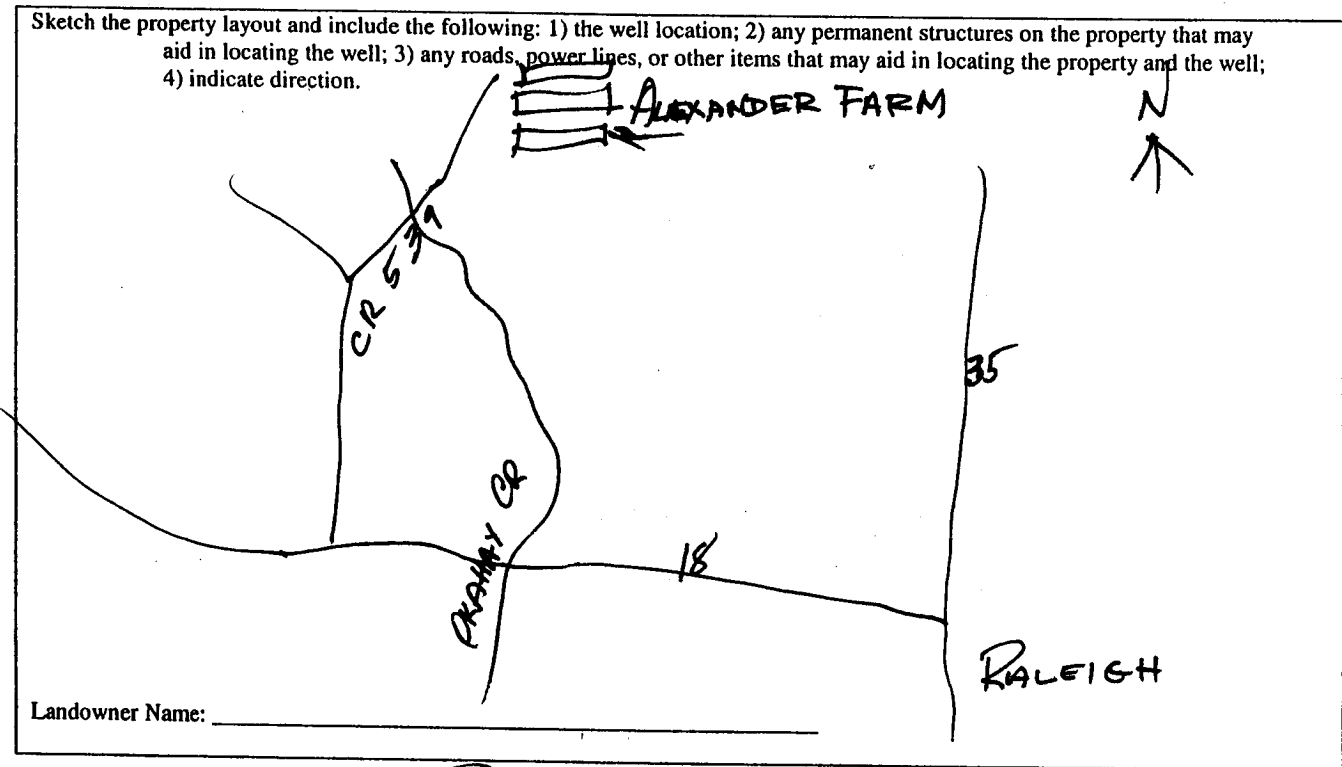
Ground Level



Description of Formations Encountered	From	To
Clay, tan	0	22
Clay, dark gray, stiff	22	52
Rock	52	56
Clay, gray	56	60
Rock	60	60 1/2
Clay	60 1/2	63
Rock	63	65 1/2
Clay & rocks, gray	65 1/2	88
Clay, stiff, sandy, sea shells	88	102
Clay, brown, grad	102	127
Clay, sandy, streaks	127	146
Clay, gray	146	168
Sand & clay mixed w/ lignite	168	216
Clay, gray, green	216	480
Clay, w/ hard stks	480	556
Clay, sandy w/ sand breaks	556	562
Clay, brown, sandy	562	672
Sand	672	672
Sand, v. fine	679	696
Clay, sandy, hard	696	704
Sand, v. fine, hard	704	730

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: _____

[Handwritten Signature]
 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 #: F-24

Elevation: _____

County: SMITH
Permit #: NA
Driller: A-1 DRILLING SERV
Date completed: 12-6-04

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>ALEXANDER FARMS</u>	Latitude: <u>32.0500</u> Longitude: <u>89.3478</u>
Mailing Address: <u>CHARLES ALEXANDER</u> <u>2702 SCR 539</u> <u>RALEIGH MS 39153</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, <u>CATR</u> USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>N 1/2 SW 1/4</u> Sec <u>22</u> Twn <u>5N</u> Rng <u>7E</u>
Telephone No. <u>(601) 536-3841</u>	Distance Direction Nearest Town <u>1.3</u> Miles <u>NW</u> of <u>RALEIGH, MS</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>12-14-04</u>	Setting Depth: <u>231</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-14-04</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>122</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: <u>NA</u> Gallons Per Minute	<u>NA</u> feet after <u>NA</u> hours of pumping
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.

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

[Signature]
Signature of Pump Installer

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