

State Well Report

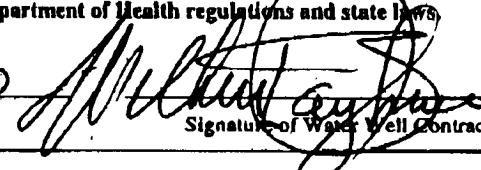
Part 1

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)

County: SMITH
 Permit #: _____
 Driller: O-1 DRILLING SERV
 Date drilling completed: 10-13-04

For Office Use Only:
 Aquifer: _____
 Well #: L-39
 L.S. Elevation: _____
 E-log #: _____

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>ODIE BRYANT</u>	Latitude: <u>31° 55' 55"</u> Longitude: <u>89° 20' 20"</u>
Mailing Address: <u>PO. BOX 1161</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad <u>Hand-held GPS</u> , Survey-grade GPS
<u>Day Springs MS 39422</u> City State Zip Code	<u>NE 1/4 NE 1/4 Sec 14 Twn 1N Rng 9E</u>
Telephone No. <u>(601) 764-3761</u>	Distance <u>± 5</u> Miles Direction <u>SW</u> of Nearest Town <u>DAY SPRINGS</u>
Well Data	
Purpose of Well (circle one) Home <input checked="" type="radio"/> Industrial <input type="radio"/> Public Supply <input type="radio"/> Irrigation <input type="radio"/> Fish Culture <input type="radio"/> Other: _____	
Date well drilling started: <u>10-05-04</u> Date well drilling completed: <u>10-12-04</u>	
If flowing, method of flow regulation: Valve <u>NA</u> Other (describe) _____	
Static Water Level: <u>193</u> feet above or below (circle one) land surface Date measured: <u>10-12-04</u>	
Method of Measurement (circle one) steel tape <input checked="" type="radio"/> electric tape <input type="radio"/> air line other: _____	
Hole depth: <u>460'</u> Well depth: <u>393'</u> Well grouted to a depth of <u>60</u> feet	
Type of grout (circle one): <input checked="" type="radio"/> Cement <input type="radio"/> Bentonite <input type="radio"/> Other: _____	
Casing length: <u>316</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>GALV STEEL</u>	
Screen length: <u>25</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>BAR WELD SFT.</u>	
Screen slot size: <u>.005</u> inches Setting depth: From <u>316</u> feet to <u>342</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"/> Natural Development <input type="radio"/>	
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 type="radio"/> Electric <input checked="" type="radio"/> Gamma Ray <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.	
<u>Wilbur T. Baughman</u> 0410	
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

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APR 16 2008

BY: OLWR

04/16/2008 02:30 6014281435

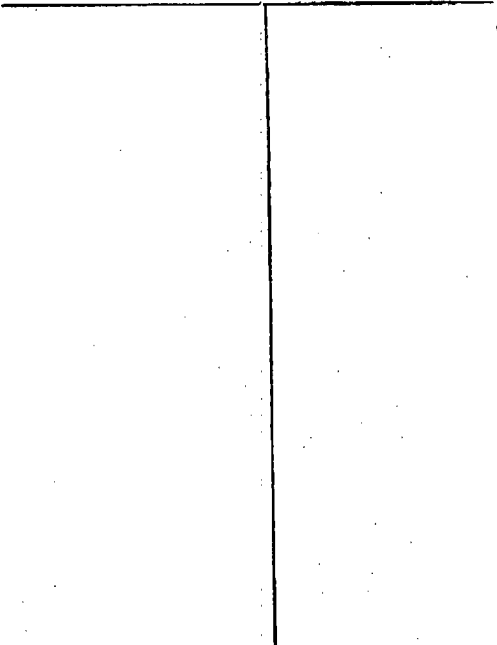
A-1 DRILLING SERVICE

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L-39

If well telescopes please sketch below and show depths.

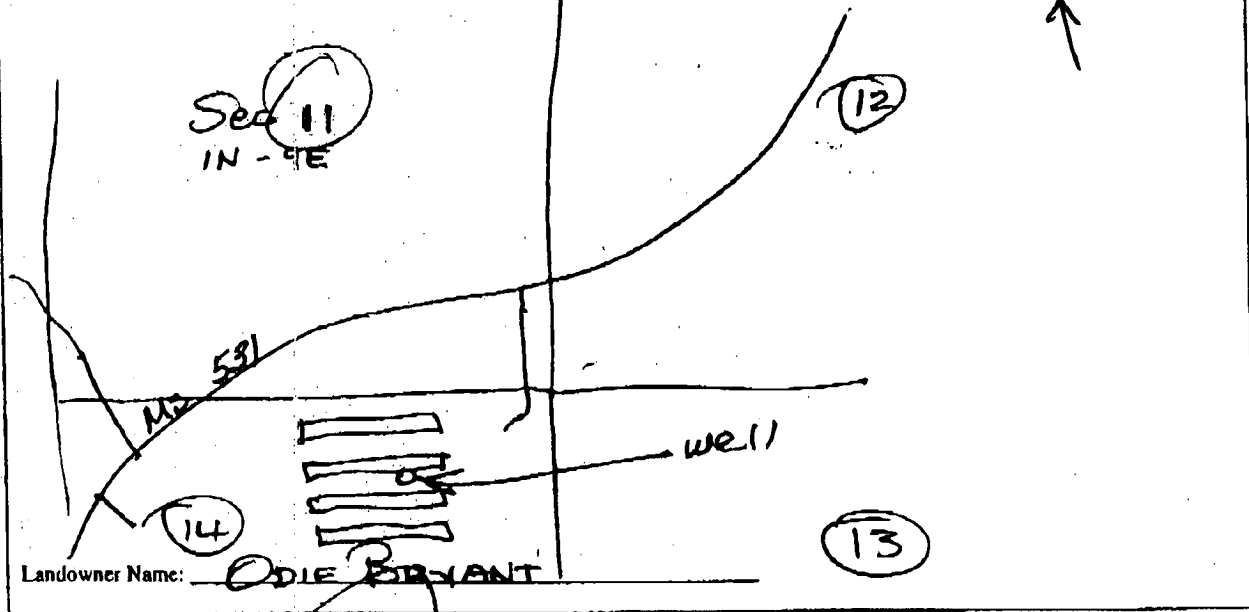
Ground Level



Description of Formations Encountered	From	To
Clay, red, sandy	0	16
Sand, yellow	16	44
Clay, white, sandy	44	65
Clay, tan, stiff	65	72
Rock	72	72
Clay, tan, stiff	72	112
Sand	112	142
Clay w/ sandy streaks	142	154
Sand	154	160
Sand & clay mixed, brown	160	233
Sand	233	237
Clay, gray	237	272
Rock	272	272
Clay	272	282
Rock	282	285
Clay	285	285
Rock	285	286 1/2
Clay	286 1/2	287
Rock	287	289
Clay, stiff w/ rk frags	289	299
Rock	299	300
Clay w/ rky frags	300	308
Sand & clay	308	313
Sand	313	327
Clay w/ sandy str, clay	327	375
Sand	375	392
Sand w/ sm clay bks, clay, gray	392	460

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: ODIE BRYANT

Albert E. Johnson
 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 #: L-39
 Elevation: _____

County: SMITH
 Permit #: _____
 Driller: A-1 DRILG SERV
 Date completed: 10-13-04

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>ODIE BRYANT</u>	Latitude: <u>31°55'55"</u> Longitude: <u>89°20'20"</u>
Mailing Address: <u>P.O. Box 1161</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>BAY SPRINGS MS 39422</u>	USGS quad <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NE 1/4 NE 1/4 Sec 14 Twn 1N Rng 9E</u>
Telephone No. <u>(601) 764-3761</u>	Distance Direction Nearest Town
	<u>± 5 Miles SW of BAY SPRINGS</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>10-13-04</u>	Setting Depth: <u>315</u> feet
Rated Pump Capacity: <u>33</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>NA</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>193</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: _____ 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>NA</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]
 Signature of Pump Installer

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