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A-1 DRILLING SERVICE

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### 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 #: R-93  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Smith  
 Permit #: \_\_\_\_\_  
 Driller: A-1 Drilling Serv  
 Date drilling completed: 6-30-07

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>Brian White</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 1128</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey
<u>Taylorsville, Ms. 39168</u>	<input checked="" type="radio"/> USGS quad Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW 1/4 SW 1/4 Sec 20 Twn 10N Rng 14W</u>
Telephone No. <u>(601) 785-4700</u>	Distance Direction Nearest Town
	<u>1.5 Miles S of Taylorsville</u>

#### Well Data

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

Date well drilling started: 6-12-07 Date well drilling completed: 6-30-07

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

Static Water Level: 31 feet above or  below (circle one) land surface Date measured: 6-19-07

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

Hole depth: 142' Well depth: 141' Well grouted to a depth of 15 feet

Type of grout (circle one):  Cement  Bentonite  Mix

Casing length: 111' feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 30' feet Screen diameter: 4" inches Type of screen: slotted PVC

Screen slot size: .006 inches Setting depth: From 111' feet to 141' 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): \_\_\_\_\_

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.

Mike Baughman 0587 [Signature]  
 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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### 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 #: R-93  
 Elevation: \_\_\_\_\_

County: Smith  
 Permit #: \_\_\_\_\_  
 Driller: A-1 Drilling Serv.  
 Date completed: 6-30-07

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>Brian White</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 1128</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Taylorville, Ms. 39168</u>	<u>USGS quad</u> , Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW 1/4 SW 1/4 Sec 20 Twn 10N Rng 14W</u>
Telephone No. <u>(601) 785 4700</u>	Distance Direction Nearest Town
	<u>1 1/2</u> Miles <u>S</u> of <u>Taylorville</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>5HP</u>
Date Pump Installed: <u>6-19-07</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>75</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>31</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ 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.  
Mike Baughman 0587 Signature of Pump Installer  
 Print Name of Pump Installer and License No. (if applicable)

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