

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: R100
 Well #: _____
 L. S. Elevation: _____
 E-log #: _____

County: Smith
 Permit #: _____
 Driller: A-1 Drilling Serv
 Date drilling completed: 4-6-10

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>J.V.D. Construction</u> | Latitude: <u>31-47-44</u> Longitude: <u>89-25-17</u> |
| Mailing Address: <u>452 Osceola St.</u> <u>N. 108</u> | Method of Lat/Long (circle one): <input checked="" type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS |
| <u>Athramonte Sogs FL 32701</u> City State Zip Code | <u>N/2 NE 1/4 Sec 32 Twn 9N Rng 14W</u> |
| Telephone No. () _____ | Distance: <u>2</u> Miles Direction: <u>S</u> of Nearest Town: <u>Taylorville</u> |

Well Data

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

Date well drilling started: 4-5-10 Date well drilling completed: 4-6-10

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

Static Water Level: 2 feet above or below (circle one) land surface Date measured: 4-6-10

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

Hole depth: 140' Well depth: 119' Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 10 1/2 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 17 1/2 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .006" 10 1/2" - 109' inches Setting depth: From 10 1/2 feet to 119 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.

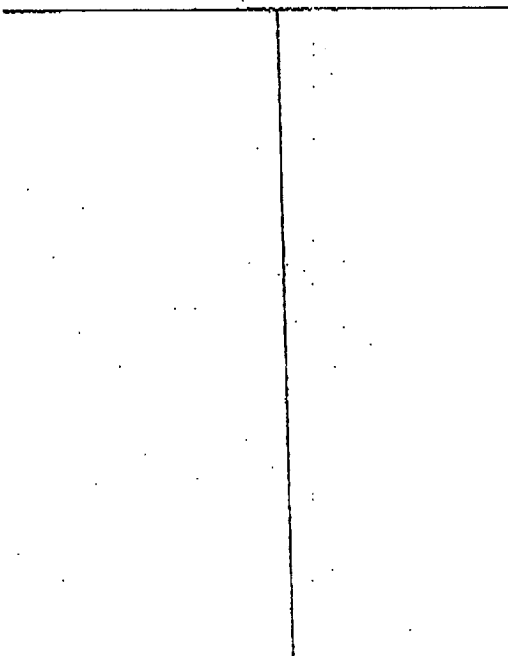
Wilbur T. Bagelman 0410 _____
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

(name of address correction)

If well telescopes please sketch below and show depths.

R100

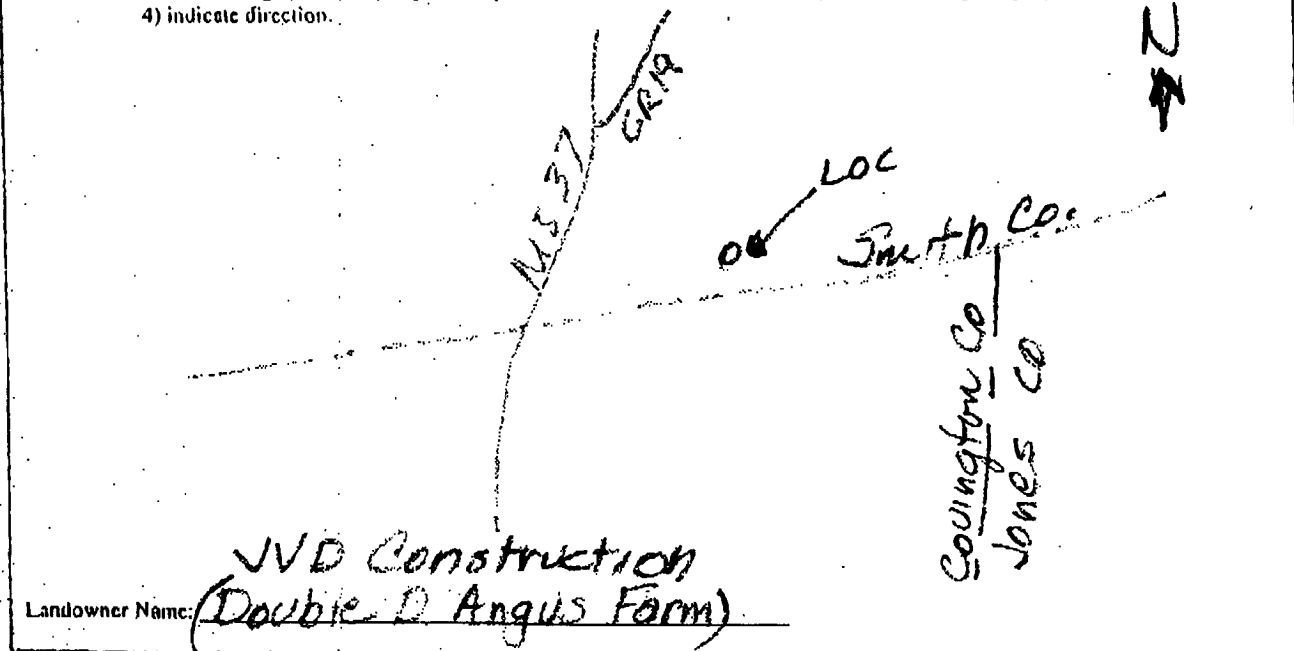
Ground Level



| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| TOP SOIL | 0 | 2 |
| SAND, TAN | 2 | 8 |
| CLAY, orange | 8 | 11 |
| SAND & CLAY mixed | 11 | 19 |
| CLAY, gray & tan | 19 | 61 |
| CLAY, sandy | 61 | 70 |
| CLAY, gray & white | 70 | 102 |
| SAND, med. to cse pebbles | 102 | 118 |
| CLAY, sandy | 118 | 122 |
| CLAY, gray | 122 | 140 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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.



JVD Construction

Landowner Name: (Double D Angus Farm)

Signature of Water Well Contractor

(name and address correction)

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: R100
 Well #: _____
 Elevation: _____

County: Smith
 Permit #: _____
 Driller: A-1 Drilling Serv
 Date completed: 6-8-10

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>J.V.D. Construction</u> | Latitude: <u>31-47-44</u> Longitude: <u>89-25-17</u> |
| Mailing Address: <u>452 Pascoia St.</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>N. 108</u> | <u>USGS quad, Hand-held GPS, Survey-grade GPS</u> |
| <u>Altamonte Spgs 32701</u> | <u>N/2 NE 1/4 Sec. 32 Twn 9N Rng 14W</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. () | <u>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>5</u> |
| Date Pump Installed: <u>6-3-10</u> | Setting Depth: <u>60</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>6-8-10</u> | Air Line <u>Electric Measuring Line</u> Steel Tape |
| Static Water Level (A): <u>2</u> Feet <u>Below</u> 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 _____ GPM with a drawdown of _____ feet after _____ hours of pumping |
| Test Pumping Rate: <u>680-800</u> 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.

Whitby T. Barkman 0410
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer