

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: Walthall
 Permit #: _____
 Driller: TRAVIS BOONE
 Date drilling completed: 12-16-05

For Office Use Only:
 Aquifer: _____
 Well #: K-27
 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>Jerry Mark</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>219 N Patten Rd.</u> <u>Sandy Hook MS</u> <u>39478</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____ | <u>1/4</u> <u>1/4</u> Sec <u>1</u> Twn <u>1N</u> Rng <u>12E</u> <u>12C</u> |
| Telephone No. (_____) _____ | Distance <u>1 1/2</u> Miles Direction <u>E</u> of Nearest Town <u>Tylertown</u> |

Well Data

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

Date well drilling started: 12-16-05 Date well drilling completed: 12-16-05

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

Static Water Level: 40 feet above or below (circle one) land surface Date measured: 12-16-05

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

Hole depth: _____ Well depth: 125 ft. Well grouted to a depth of 10 feet

Type of grout (circle one): Concrete Bentonite Mix

Casing length: 105 feet Casing diameter: 4 inches Type of casing: sch 40

Screen length: 20 feet Screen diameter: 4 inches Type of screen: sch 40

Screen slot size: 8 inches Setting depth: From 105 feet to 120 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.

TRAVIS BOONE 0-514 Travis Boone
 Print Name of Water Well Contractor and License No. 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)

County: Walthall
 Permit #: _____
 Driller: TRAVIS BOONE
 Date completed: 12-16-05

For Office Use Only:
 Aquifer: _____
 Well #: K-22
 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>Jerry mark</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>219 N Patten Rd</u> <u>Sandy Hook ms</u> <u>39478</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS |
| City _____ State _____ Zip Code _____ | <u>1/4</u> <u>1/4</u> Sec <u>1</u> Twn <u>1N</u> Rng <u>12E</u> |
| Telephone No. (_____) _____ | Distance _____ Direction _____ Nearest Town _____ <u>1 1/2 Miles E of Tyler town</u> |

| Pump Type Circle one | Power Type Circle one |
|--|--|
| Air Lift <input type="checkbox"/> Jet <input 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"/> | <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> |
| 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>1</u> |
| Date Pump Installed: <u>12-16-05</u> | Setting Depth: <u>65</u> feet |
| Rated Pump Capacity: <u>12</u> Gallons Per Minute | Number of Stages: _____ |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|--|
| Date Well Tested: <u>12-16-05</u> | Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/> |
| Static Water Level (A): <u>40</u> Feet Below Land Surface | Other (specify): <u>String Line</u> |
| 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: <u>160F</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.

TRAVIS BOONE 0-514 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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JAN-4-2002 06:39A FROM:

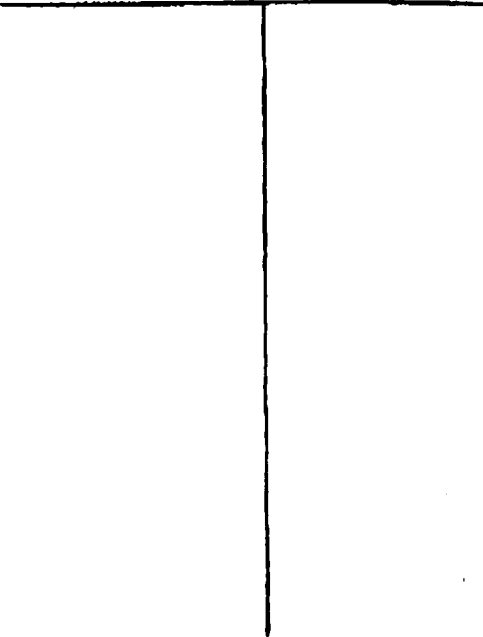
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K-77

If well telescopes please sketch below and show depths.

Ground Level _____



| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| Clay | 0 | 15 |
| Sand | 15 | 125 |
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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: Jerry Mark

[Signature]
 Signature of Water Well Contractor

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