

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-102
 L. S. Elevation: _____
 B-log #: _____

County: WAYNE
 Permit #: _____
 Driller: A-1 DRILLING SERV
 Date drilling completed: 12-6-05

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>RICHARD CARTER</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>101 VAN HOOVER W. RD</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>LAUREL MS 39443</u> City State Zip Code	<u>SE 1/4 NE 1/4 Sec. 35 Twn 9N Rng 9W</u>
Telephone No. <u>(601) 428-7467</u>	Distance <u>2 1/2</u> Miles <u>W</u> Direction of <u>WHISTLER</u> Nearest Town

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture ~~Other~~ POULTRY

Date well drilling started: 12-01-05 Date well drilling completed: 12-6-05

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

Static Water Level: 62 feet above or below (circle one) land surface Date measured: 12-6-05

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

Hole depth: 207' Well depth: 205' Well grouted to a depth of 50 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 186 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 185 feet to 186 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): NA

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.

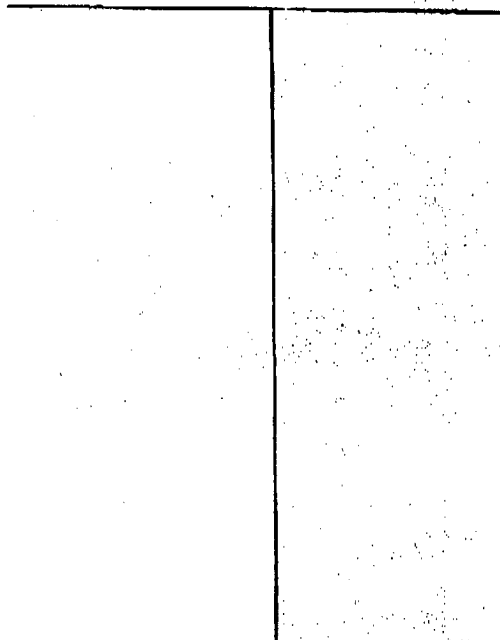
[Signature]
 Signature of Water Well Contractor

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F-102

If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
Clay, red, sandy	0	8
Sand	8	18
Clay, tan, sandy	18	29
Clay, tan	29	52
Clay, sandy	52	57
Sand	57	64
Clay, yellow-tan, hard	64	72
Clay, lt gray	72	81
Sand	81	89
Clay, white	89	107
Sand	107	120
Clay, light gray, stiff	120	142
Clay, dark gray, soft silts	142	146
Sand & med. gravel	146	173
Clay w/ sand streaks	173	180
Sand	180	205
Clay	205	207

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: RICHARD CARTER

[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 1063
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: WAYNE
 Permit #: _____
 Driller: A-1 DRILLING SERV
 Date completed: 12-9-05

For Office Use Only:
 Aquifer: _____
 Well #: F-102
 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>RICHARD CARTER</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>101 VAN HOOVER W. RD.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>LAUREL, MS 39443</u> City State Zip Code	<u>SE 1/4 NE 1/4 Sec 35 Twn 9N Rng 9W</u>
Telephone No. <u>(601) 428-7467</u>	Distance Direction Nearest Town <u>1.4</u> Miles <u>W</u> of <u>WHISTLER</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>5</u>
Date Pump Installed: <u>12-9-05</u>	Setting Depth: <u>121</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>NA</u>	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>63</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: _____ Gallons Per Minute	<u>NA</u> feet after <u>NA</u> hours of pumping
Duration of Pump Test (minimum 4 hours): _____ 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 of Pump Installer

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