

State Well Report

Part I

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-103
 L. S. Elevation: _____
 E-log #: _____

County: WAYNE
 Permit #: _____
 Driller: A-1 DRILLING SERV
 Date drilling completed: 1-9-06

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>COREY BROWNLEE #1</u>	Latitude: <u>31° 45' 50"</u> Longitude: <u>88° 56' 24"</u>
Mailing Address: <u>176 WILLIE YARNER RD</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>LAUREL MS 39443</u>	USGS quad: Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE SE SW 1/4 NW Sec 7 Twn 9N Rng 9W</u>
Telephone No. <u>(601) 428-3830</u>	Distance Direction Nearest Town
	<u>12 Miles E of LAUREL</u>

Well Data

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

Date well drilling started: 12-7-05 Date well drilling completed: 1-9-06

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

Static Water Level: 125 feet above below (circle one) land surface Date measured: 1-9-06

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

Hole depth: 700 Well depth: 660' Well grouted to a depth of 52 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 612-620 feet Casing diameter: 4 inches Type of casing: GALV. STEEL

Screen length: 50 feet Screen diameter: 4 inches Type of screen: BAR WELD SS

Screen slot size: .005 inches Setting depth: From 602 feet to 612 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): OFFICE OF GEOLOGY

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 William [Signature]
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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 BY: OLWR

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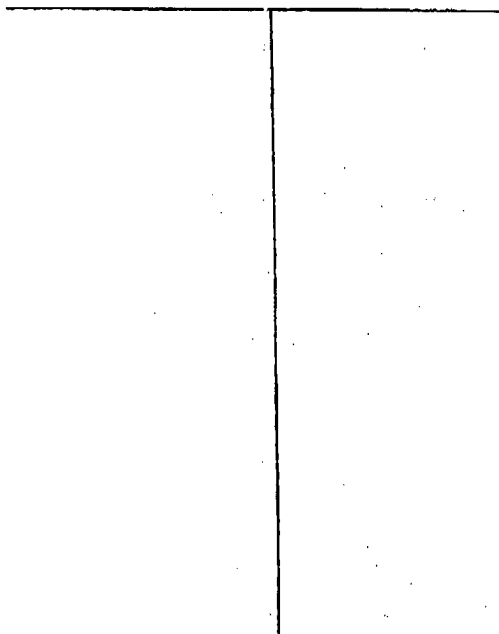
A-1 DRILLING SERVICE

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If well telescopes please sketch below and show depths.

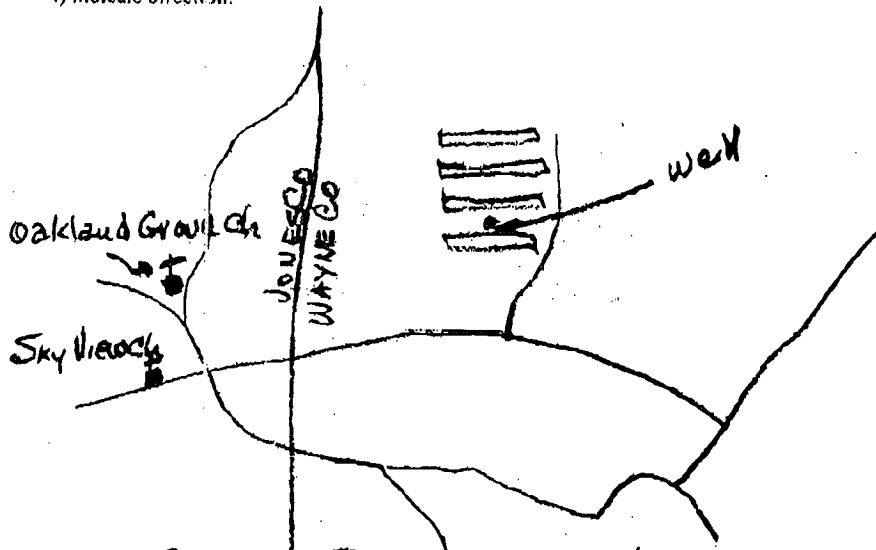
Ground Level



Description of Formations Encountered	From	To
Clay, red	0	5
Clay, tan	5	12
Sand, tan	12	28
Clay, white & pink	28	39
Clay, gray-green	39	108
Sand streak	108	111
Clay, gray-green	111	130
Robble & clay streaks	130	218
Clay, lot gray	218	240
Sand & clay mixed	240	248
Clay, gray	248	300
Clay, stiff gray-green, hard shales	300	530
Sand shells, sand, clay, sh. & s.s.	530	575
Sand clay streaks, sh. & s.s.		
Sandy clay streaks, fossils gray	575	579
Clay, w/ sdy streaks	579	608
Clay, sandy, sand, hard, mixed		
Sand & clay, gray	608	618
Sand, hard, fine lignite	618	657
Sand, clay, mixed	657	660
Sand, fine, v. fine	660	677
Clay,	677	700

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: COREY BROWNLEE #1

[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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: WAYNE
 Permit #: _____
 Driller: A-1 DRILG SERV
 Date completed: 1-26-06

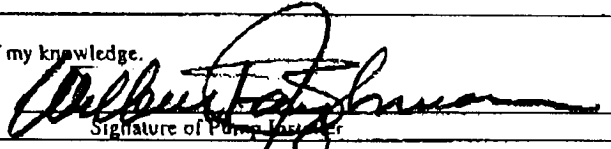
For Office Use Only:
 Aquifer: _____
 Well #: F-103
 Elevation: _____

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>COREY BROWNLEE #1</u>	Latitude: <u>31 45 50</u> Longitude: <u>88 56 24</u>
Mailing Address: <u>176 WILLIE VARNER RD</u>	Method of Lat/Long (circle one): Conventional Survey.
<u>LAUREL MS 39443</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>NE, SE</u> <u>S 1/4 NW</u> 1/4 Sec <u>7</u> Twn <u>9N</u> Rng <u>9W</u>
Telephone No. <u>(601) 428-3830</u>	Distance Direction Nearest Town
	<u>E 12</u> Miles <u>E</u> of <u>LAUREL</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>1-26-06</u>	Setting Depth: <u>210</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 checked="" type="radio"/> Electric Measuring Line Steel Tape
Static Water Level (A): <u>125</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 ((D) - (A)): <u>NA</u> 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.
WILBUR T. BAUGHMAN 0410
 Print Name of Pump Installer and License No. (if applicable)

 Signature of Pump Installer

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