

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-1614
 L. S. Elevation: _____
 E-log #: _____

County: WAYNE
 Permit #: _____
 Driller: A-1 DRILLING SERVICE
 Date drilling completed: 2-7-06

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.

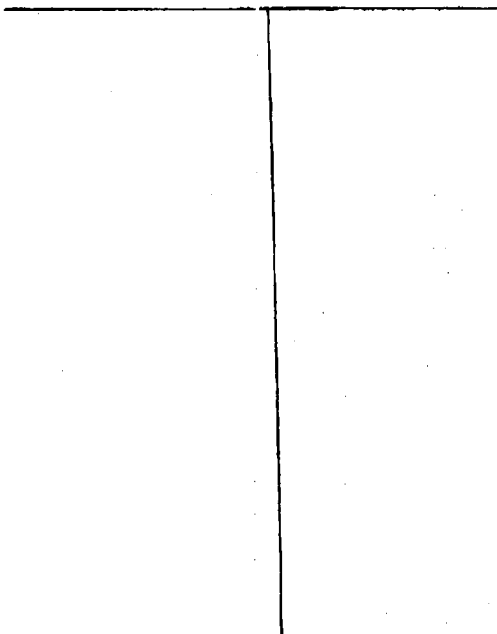
Well Owner Information		Well Location	
Owner Name: <u>COREY FROUNLEE #2</u>	Latitude: <u>31-45-50"</u>	Longitude: <u>88-52-24"</u>	
Mailing Address: <u>176 WILHE VARNER RD</u>	Method of Lat/Long (circle one): Conventional Survey, <u>NE SE</u> USGS quad, Hand-held GPS, Survey-grade GPS		
<u>LAUREL MS 39443</u> City State Zip Code	<u>SW 1/4 NW 1/4 Sec 7 Twn 9N Rng 9W</u>		
Telephone No. <u>(601) 428-3839</u>	Distance <u>2.12</u> Miles	Direction <u>E</u>	Nearest Town of <u>LAUREL</u>
Well Data			
Purpose of Well (circle one) Home <input type="checkbox"/> <u>Industrial</u> Public Supply Irrigation Fish Culture Other: <u>BULTLY</u>			
Date well drilling started: <u>1-12-06</u>		Date well drilling completed: <u>2-2-06</u>	
If flowing, method of flow regulation: Valve <input type="checkbox"/> Other (describe) _____			
Static Water Level: <u>124</u> feet above or <u>below</u> (circle one) land surface		Date measured: <u>2-2-06</u>	
Method of Measurement (circle one) steel tape <input type="checkbox"/> <u>electric tape</u> air line other: _____			
Hole depth: <u>700</u>	Well depth: <u>656</u>	Well grouted to a depth of <u>57</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix			
Casing length: <u>0-501</u> feet	Casing diameter: <u>4</u> inches	Type of casing: <u>GALV STEEL</u>	
Screen length: <u>50</u> feet	Screen diameter: <u>4</u> inches	Type of screen: <u>BAR WELDED</u>	
Screen slot size: <u>.005</u> inches	Setting depth: From <u>601</u> feet to <u>656</u> feet		
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u>			
Other (describe): _____			
Top of lap pipe or reduction in casing: <u>NA</u> feet. If telescoped or more than one screen, describe on back of page			
Logs run (circle all applicable): No log run <input type="checkbox"/> <u>Electric</u> <u>Gamma Ray</u> Density Sonic Neutron Other: _____			
Name of organization running log(s): <u>OFFICE OF GEOLOGY</u>			
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.			
<u>A-1 DRILLING SERVICE INC 0410</u>		<u>Albert [Signature]</u>	
Print Name of Water Well Contractor and License No.		Signature of Water Well Contractor	

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F-114

If well telescopes please sketch below and show depths.

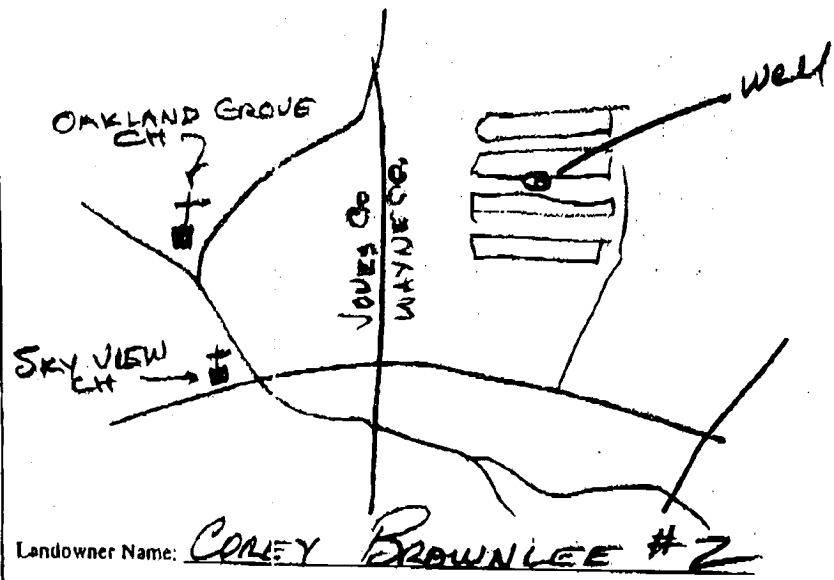
Ground Level



Description of Formations Encountered	From	To
Clay, tan	0	20
Sand	20	28
Clay, tan	28	43
Clay, gray	43	51
Rock	51	53
Clay	53	57
Rock	57	58 1/2
Clay, gray	58 1/2	182
Rock & clay streaks	182	219
Clay, gray w/ rk ledges	219	250
Clay, gray	250	270
Clay w/ hard streaks	50	550
Clay, sandy	558	561
Clay w/ limy streaks	561	580
Clay	580	602
Sand w. fine	602	650
Clay	650	654
Clay, sandy	654	661
Clay w/ sandy streaks	661	671
Clay, brown	671	682
Clay w/ hard streaks	682	685
Clay, stiff, gray	685	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.



William J. Brown
 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)334-6938 (fax)

For Office Use Only:

Aquifer: _____
 Well #: F-114
 Elevation: _____

County: WAYNE
 Permit #: _____
 Driller: A-1 DRILLING SERV
 Date completed: 2-7-06

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 #2</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 SW 1/4 NW 1/4 Sec 7 Twn 9N R18 9W</u>
Telephone No. <u>(601) 428-3830</u>	Distance Direction Nearest Town
	<u>1.2</u> Miles <u>E</u> of <u>LAUREL</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>2-7-06</u>	Setting Depth: <u>211</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 <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>124</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 ((B) - (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)

Wilbur T. Baughman
 Signature of Pump Installer

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