

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 #: L-96
 L. S. Elevation: _____
 E-log #: _____

County: Wayne
 Permit #: _____
 Driller: A-1 Drilling Serv. Inc.
 Date drilling completed: 10-23-08

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>Ronnie Clark</u>	Latitude: <u>31.41.514'</u> Longitude: <u>88.54.078'</u>
Mailing Address: <u>3 Hochabec Ln.</u>	Method of Lat/Long (circle one): Conventional Survey.
City: <u>Laurel</u> State: <u>Ms.</u> Zip Code: <u>39341</u>	USGS quad: <u>(Hand-held GPS)</u> Survey-grade GPS
Telephone No: <u>(601) 648-5962</u>	<u>SE 1/4 NW 1/4 Sec 4</u> Twn <u>8N</u> Rng <u>9W</u>
	Distance: <u>1.5</u> Miles Direction: <u>W</u> of Nearest Town: <u>Whitaker</u>

Well Data

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

Date well drilling started: 10-22-08 Date well drilling completed: 10-23-08

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

Static Water Level: 33 feet above or below (circle one) land surface Date measured: 10-23-08

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

Hole depth: 150' Well depth: 145' Well grouted to a depth of 51 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 125 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .006 inches Setting depth: From 125 feet to 145 feet

Type of completion (circle all applicable): Gravel packed Undrained 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.

Mike Bowman 0587
 Print Name of Water Well Contractor and License No.

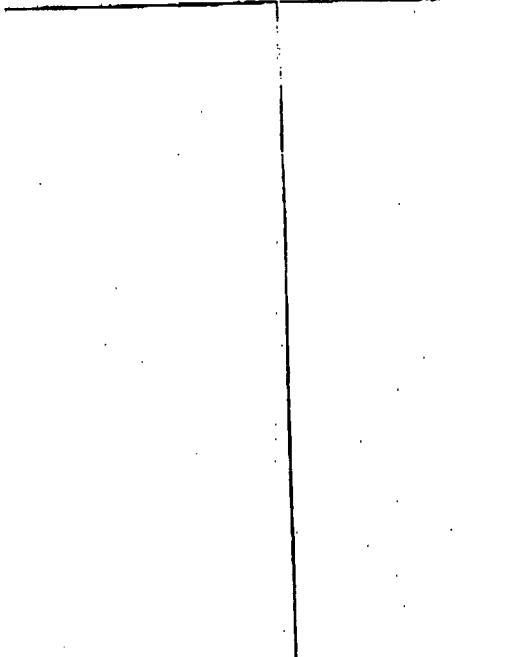
[Signature]
 Signature of Water Well Contractor

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L-96

If well telescopes please sketch below and show depths.

Ground Level



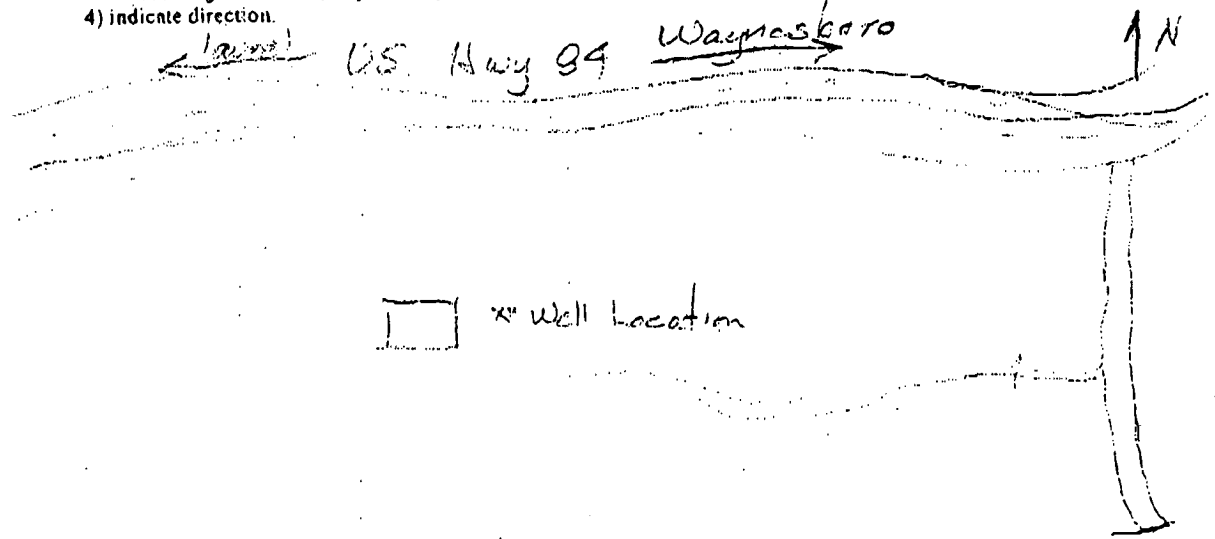
Description of Formations Encountered

From To

Red sand clay	0	25
Yellow sand clay	25	65
Tan clay w/ sandy streaks	65	101
Sand tan	101	130
Sand: red gravel	130	145
Dark gray clay	145	150

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: Ronnie Clark

Shilo Smith
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 Drilling Service
 Date completed: 10-25-08

For Office Use Only:
 Aquifer: _____
 Well #: L-96
 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>Ronnie Clark</u>	Latitude: <u>31° 41.514'</u> Longitude: <u>88° 59.079'</u>
Mailing Address: <u>3 Hucklebee Ln.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
<u>Laurel</u> <u>Ms.</u> <u>39441</u>	<u>SE</u> ¼ <u>NW</u> ¼ Sec. <u>4</u> Twn <u>BN</u> Rng <u>9W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 649-5962</u>	<u>± 5</u> Miles <u>W</u> of <u>Whistler</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3</u>
Date Pump Installed: <u>10-29-08</u>	Setting Depth: <u>102</u> feet
Rated Pump Capacity: <u>33</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>33</u> Feet Below Land Surface	Other (specify): <u>Sonic</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: _____ 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.
Mike Baughman 0587
 Print Name of Pump Installer and License No. (if applicable) Mike Baughman
Signature of Pump Installer

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