

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: Wayne
 Permit #: _____
 Driller: A-1 Drilling Services, Inc
 Date drilling completed: 7-3-12

For Office Use Only:
 Aquifer: L 99
 Well #: _____
 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>Kieth Smith</u>	Latitude: <u>31° 40' 08"</u> Longitude: <u>88° 52' 27"</u>
Mailing Address: <u>25 Bobby Hendry Dr.</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey
<u>Waynesboro, Ms. 39367</u>	<input checked="" type="radio"/> USGS quad <input checked="" type="radio"/> Hand-held GPS <input type="radio"/> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>2 1/2 SW 1/4</u> Sec. <u>11</u> Twn. <u>08 N</u> Rng. <u>9 W</u>
Telephone No. <u>(601) 410-1353</u>	Distance: <u>5.7</u> Miles Direction: <u>E</u> of Nearest Town: <u>Laurel</u>

Well Data

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

Date well drilling started: June 27, 2012 Date well drilling completed: July 3, 2012

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

Static Water Level: 54.2' ~~feet above or below (circle one) land surface~~ TOP CASING Date measured: 7-3-12

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

Hole depth: 152' Well depth: 150' Well grouted to a depth of 51 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 131 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .006 inches Setting depth: From 130 feet to 150 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): _____

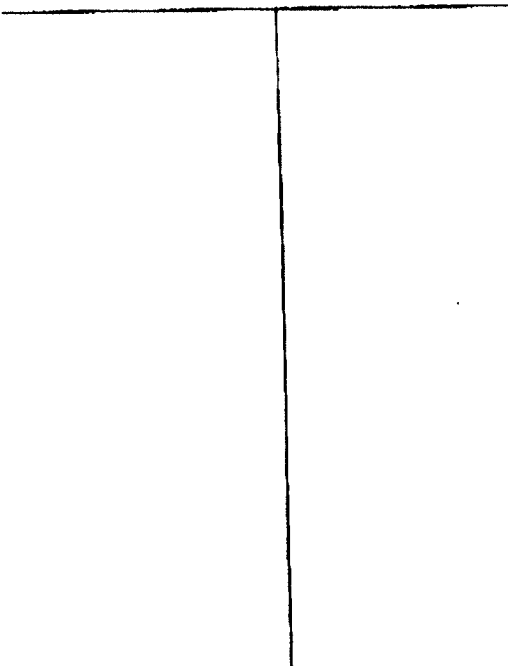
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Wilbur T. Baughman 0410 Wilbur T. Baughman
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
Clay, tan	0	7
Sand	7	12
Clay, tan	12	22
Sand, white	22	51
Rock, sandstone	51	51 1/2
Clay, gray w/ hard stks	51 1/2	98
Sand	98	149
Clay, soft, white	149	152

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: Keith Smith

Arthur J. [Signature]
Signature of Water Well Contractor

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 Serv
 Date completed: 7-3-12

For Office Use Only:
 Aquifer: _____
 Well #: _____
 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>Kieth Smith</u>	Latitude: <u>31°40'00"</u> Longitude: <u>88°52'21"</u>
Mailing Address: <u>25 Bobby Haudry Dr.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Waynesboro, MS 39367</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>S 9 1/4 SW 1/4 Sec 11 Twn 8N Rng 9W</u>
Telephone No. <u>(601) 410-1353</u>	Distance Direction Nearest Town
	<u>± 17 Miles E of Laurel</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): <u>_____</u>
Other (specify): <u>_____</u>	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>6-27-12</u>	Setting Depth: <u>100</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>6-27-2012</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>54.2</u> Feet Below Land Surface	Other (specify): <u>Sonic</u>
Pumping Water Level (B): <u>_____</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>_____</u> feet
Drawdown [(B) - (A)]: <u>_____</u> Feet Below Land Surface	Well yielded <u>_____</u> GPM with a drawdown of
Test Pumping Rate: <u>_____</u> Gallons Per Minute	<u>_____</u> feet after <u>_____</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>_____</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Print Name of Pump Installer and License No. (if applicable) _____ Signature of Pump Installer _____