

### 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 #: M-132  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Wayne  
 Permit #: \_\_\_\_\_  
 Driller: A-1 Drilling Serv.  
 Date drilling completed: 7-11-05

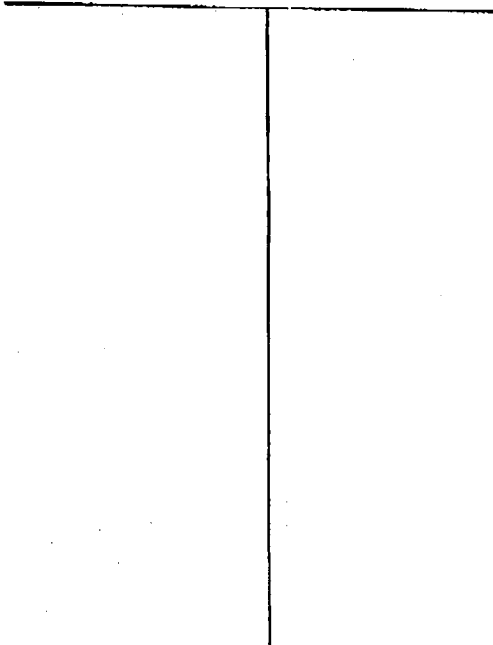
State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information		Well Location	
Owner Name: <u>Marvin Davis</u>		Latitude: _____ Longitude: _____	
Mailing Address: <u>4863 Hwy 84</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>SW 1/4 NW 1/4 Sec 5 Twn 8N Rng 8W</u>
Telephone No. <u>(601) 315-5546</u>		Distance	Direction
		<u>1</u> Miles	<u>W</u> of <u>Whistler</u>
Well Data			
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____			
Date well drilling started: <u>6-30-05</u>		Date well drilling completed: <u>7-11-05</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>38</u> feet above or <u>below</u> (circle one) land surface		Date measured: <u>7-11-05</u>	
Method of Measurement (circle one): steel tape <u>electric tape</u> air line other: _____			
Hole depth: <u>310</u>	Well depth: <u>148</u>	Well grouted to a depth of <u>13</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix			
Casing length: <u>138</u> feet	Casing diameter: <u>4</u> inches	Type of casing: <u>PVC</u>	
Screen length: <u>10</u> feet	Screen diameter: <u>4</u> inches	Type of screen: <u>slotted PVC</u>	
Screen slot size: <u>.006</u> inches Setting depth: From <u>138</u> feet to <u>148</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: _____ feet. If telescoped or more than one screen, describe on back of page			
Logs run (circle all applicable): <u>No logs</u> 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.			
<u>Mike Baughman</u>		<u>587</u>	<u>[Signature]</u>
Print Name of Water Well Contractor and License No.		Signature of Water Well Contractor	

M-132

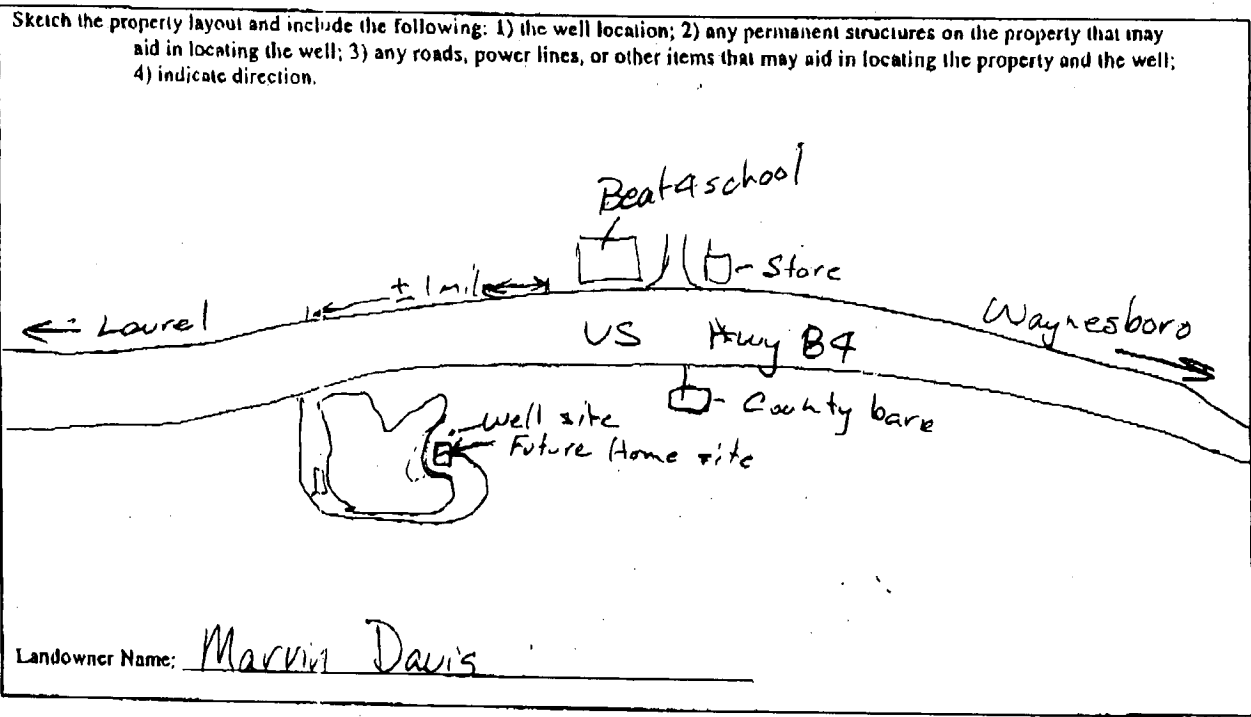
If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
Clay, red, sandy	0	8
Sand	8	15
Sand & pea gravel	15	22
Clay, sandy, white to pink	22	30
Clay, white to tan	30	61
Sand, v. fine	61	80
Rock	80	80
Clay	80	82
Rock	82	82 1/2
Clay, lt gray, stiff	82 1/2	98
Clay, sandy	98	112
Clay, white, v. stiff	112	120
Clay, sand streaks	120	135
Sand	135	148
Rock streaks w/ clay breaks	148	280
Clay, dark gray	280	310

If more than one screen, show location of each on sketch



*Spike Gayle*  
 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)

#### For Office Use Only

Aquifer: \_\_\_\_\_  
 Well #: M-132  
 Elevation: \_\_\_\_\_

County: Wayne  
 Permit #: \_\_\_\_\_  
 Driller: A-1 Drilling Serv.  
 Date completed: 7-11-05

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>Marvin Davis</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>4863 Hwy. 84</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Waynesboro, Ms. 39367</u>	<u>SW 1/4 NW 1/4 Sec 5 Twn BN Rng BW</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (601) <u>315-5564</u>	<u>2.1</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>1</u>
Date Pump Installed: <u>7-11-05</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>13</u> Gallons Per Minute	Number of Stages: <u>10</u>

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