

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 #: J-88
L. S. Elevation: _____
E-log #: _____

County: Hinds
Permit #: 4" well
Driller: Water Well Services
Date drilling completed: 6-3-05

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>Steve Miles</u>	Latitude: <u>32.18 00</u> " Longitude: <u>90 37.24 W</u>
Mailing Address: <u>8341 MT Murrah Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Edwards, MS</u>	SE 1/4 SE 1/4 Sec <u>5</u> Twn <u>5N</u> Rng <u>4W</u>
City State Zip Code	Distance <u>6 1/2</u> Miles Direction <u>South</u> of Nearest Town <u>Edwards</u>
Telephone No. <u>(601) 638-4331</u>	

Well Data

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

Date well drilling started: 6-1-05 Date well drilling completed: 6-3-05

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

Static Water Level: 87 ~~feet above or below~~ (circle one) land surface Date measured: 6-2-05

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

Hole depth: 230 Well depth: 210 Well grouted to a depth of 25 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 130 feet Casing diameter: 4 inches Type of casing: PUC

Screen length: 30 feet Screen diameter: 4 inches Type of screen: PUC

Screen slot size: 0.08 inches Setting depth: From 130-200 feet to 150-210 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: _____ 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): State Logger J-0088

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.

Arnold Fincher Sr 0598

Arnold Fincher

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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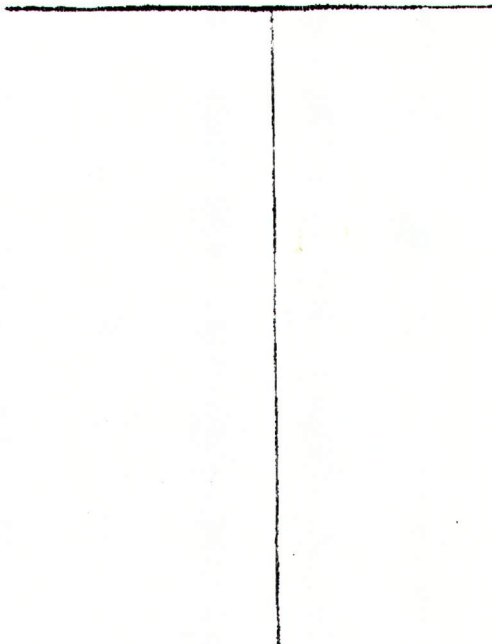
JUL 14 2005

BY: OLWR

If well telescopes please sketch below and show depths.

J-88

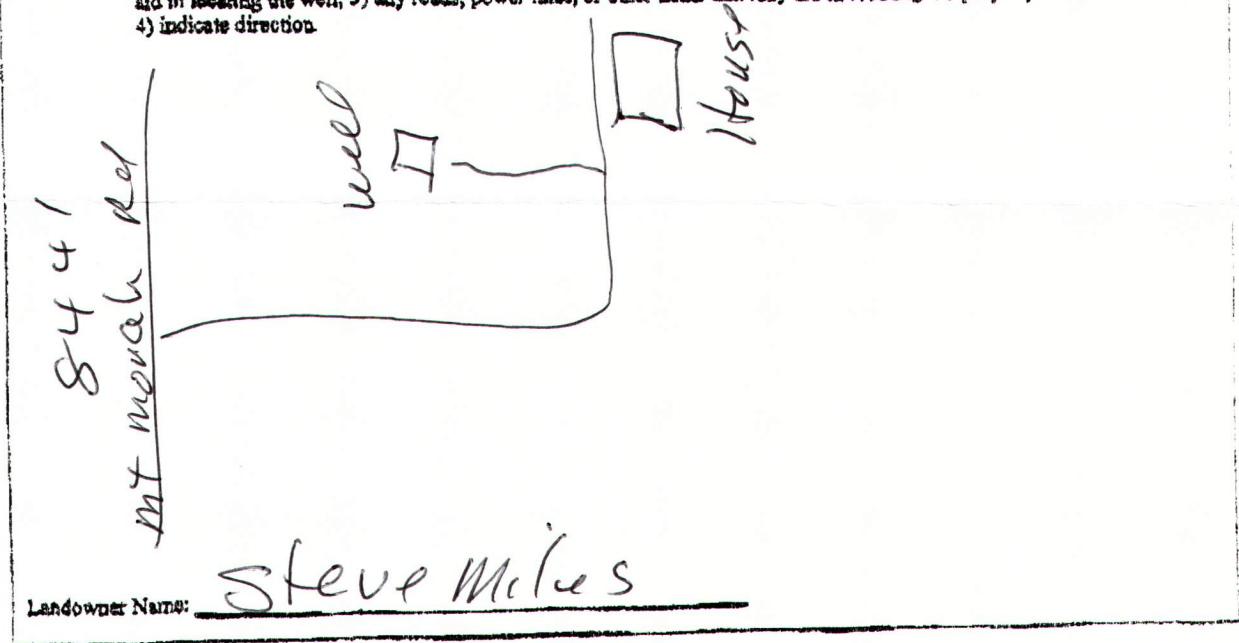
Ground Level



Description of Formations Encountered	From	To
Surface Rock	0	30
Clay	30	81
Rock	81	120
Sand	120	150
Clay	150	175
Sand	175	210
Clay	210	230

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: Steve Miles

David Jones
Signature of Water Well Contractor

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 BY: OLWR BY: OLWR

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 #: J-89

Elevation: _____

County: Hinds
Permit #: 4' well
Driller: Water Well Services
Date completed: 6-30-05

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>Steve Miles</u>	Latitude: <u>321800 N</u> Longitude: <u>903720 W</u>
Mailing Address: <u>8341 MT Moriah Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Edwards, Ms</u>	<u>1/4</u> <u>1/4</u> Sec <u>5</u> Twn <u>5N</u> Rng <u>4W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 638-4331</u>	<u>6 1/2</u> Miles <u>S</u> of <u>Edwards</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: _____
Date Pump Installed: <u>6-3-05</u>	Setting Depth: <u>180</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-30-05</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>87</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>125</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>37</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of
Test Pumping Rate: <u>15</u> Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

Arnold Fischer Sr 0598
Print Name of Pump Installer and License No. (if applicable)

Arnold Fischer Sr
Signature of Pump Installer

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