

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 #: J-93
L. S. Elevation: _____
E-log #: _____

County: Hinds
Permit #: 4" well
Driller: Water Well Service
Date drilling completed: 2-11-06

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>Michelle Cox</u>	Latitude: <u>32° 16' 58"</u> Longitude: <u>90° 39' 08"</u>
Mailing Address: <u>170 Moore Rd</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Edward, MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NW</u> 1/4 <u>NW</u> 1/4 Sec <u>18</u> Twn <u>5N</u> Rng <u>4W</u>
Telephone No. <u>(601) 852-2877</u>	Distance: <u>7</u> Miles Direction: <u>WN</u> of Nearest Town: <u>Edwards</u>

Well Data

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

Date well drilling started: 2-8-06 Date well drilling completed: 2-11-06

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

Static Water Level: 43 feet above or below (circle one) land surface Date measured: 2-13-06

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

Hole depth: 170 Well depth: 146 Well grouted to a depth of 25 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 98 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 0.08 inches Setting depth: From 98-108 feet to 118-146 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

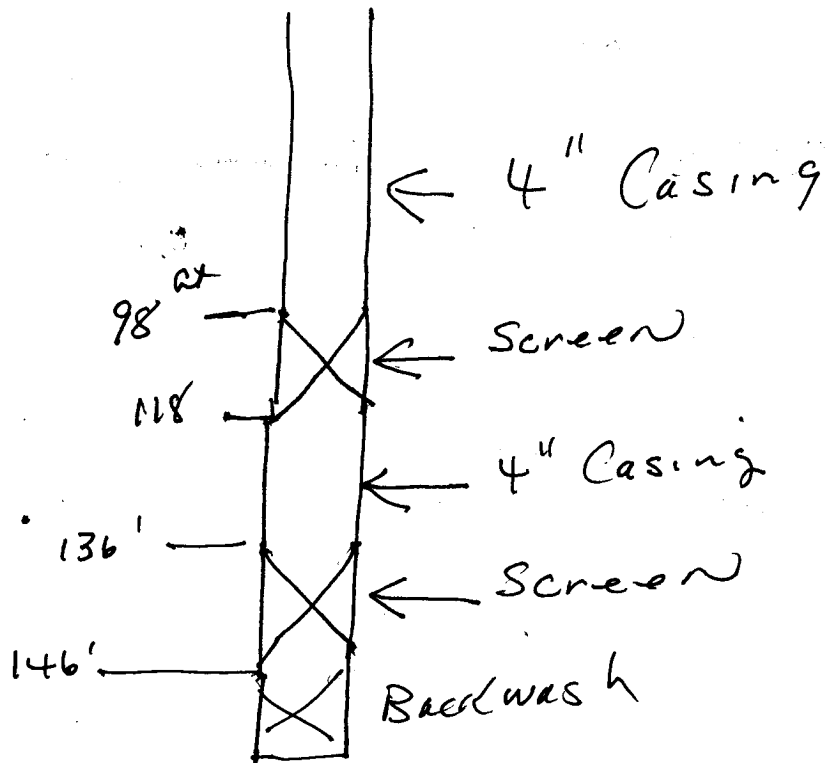
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): State Logger - J-0093

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 Sr
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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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-93

Elevation: _____

County: Hinds
Permit #: 4" well
Driller: Water Well Service
Date completed: 2-13-06

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>Michelle Cox</u>	Latitude: <u>321658N</u> Longitude: <u>903908W</u>
Mailing Address: <u>170 Moore Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Edwards, MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4 1/4 Sec 18 Twn 5N Rng 4W</u>
Telephone No. <u>601, 852-2877</u>	Distance Direction Nearest Town
	<u>9 Miles W/N of Edwards</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2</u>
Date Pump Installed: <u>2-13-06</u>	Setting Depth: <u>100</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>2-13-06</u>	Air Line <input checked="" type="radio"/> Electric Measuring Line Steel Tape
Static Water Level (A): <u>43</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>79</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>26</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>15</u> Gallons Per Minute	
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 Fincher Sr 0598
Print Name of Pump Installer and License No. (if applicable)

Arnold Fincher
Signature of Pump Installer

RECEIVED
MAY 01 2006
BY [Signature]