

# 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-142  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Hinds  
Permit #: \_\_\_\_\_  
Driller: Water Well Service  
Date drilling completed: 9-18-06

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>Donta Middleton</u>	Latitude: <u>32.14.07"</u> Longitude: <u>90.18.29"</u>
Mailing Address: <u>170 Laurelwood Dr</u>	Method of Lat/Long (circle one): Conventional Survey, <input type="checkbox"/> USGS quad, Hand-held GPS, Survey-grade GPS <input checked="" type="checkbox"/>
<u>Jackson, Ms</u>	SE $\frac{1}{4}$ NW $\frac{1}{4}$ Sec <u>33</u> Twn <u>5N</u> Rng <u>1W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>601, 506-9902</u>	_____ Miles _____ of _____

**Well Data**

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

Date well drilling started: 9-14-06 Date well drilling completed: \_\_\_\_\_

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

Static Water Level: 48 feet above or below (circle one) land surface Date measured: 9-21-06

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

Hole depth: 230 Well depth: 202 Well grouted to a depth of 25 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 142 feet Casing diameter: 4 inches Type of casing: PUC

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

Screen slot size: 0.08 inches Setting depth: From 142 feet to 182 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

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

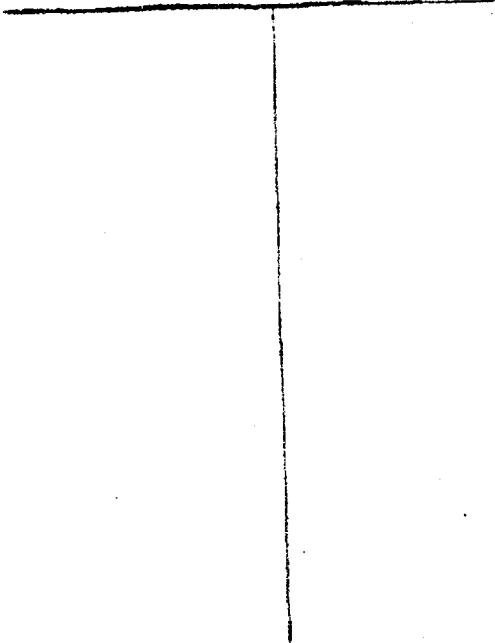
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

M-142

Ground Level



Description of Formations Encountered	From	To
Surface Sand	0	30
Clay	30	45
Clay Limestone	45	146
Clay sand	146	185
Clay	185	205
	205	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.

170 Laurelwood Dr

Well

Landowner Name: Dorothy Middleton

And Jendr Sr  
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: Hinds  
 Permit #: \_\_\_\_\_  
 Driller: Water Well Service  
 Date completed: 9-21-06

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: M-142  
 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>Dorba Middleton</u>	Latitude: <u>32-14-07</u> Longitude: <u>90-18-29</u>
Mailing Address: <u>170 Laurelwood Dr</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Jackson, Ms</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>33</u> Twn <u>5N</u> Rng <u>1W</u>
Telephone No. <u>(601) 506-9902</u>	Distance Direction Nearest Town
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> <input checked="" type="radio"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1.0</u>
Date Pump Installed: <u>9-21-06</u>	Setting Depth: <u>160</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>9-21-06</u>	Air Line <input type="radio"/> <u>Electric Measuring Line</u> <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>48</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>100</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>52</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 Finch Sr 0548 Arnold Finch Sr  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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OCT 18 2006  
 BY: OLWR