

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 #: Q107
L. S. Elevation: _____
E-log #: _____

County: Hinds
Permit #: _____
Driller: Will Barlow
Date drilling completed: 12-20-11

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>Bill Elkin</u>	Latitude: <u>32° 08' 31"</u> Longitude: <u>90° 24' 18"</u>
Mailing Address: <u>1320 Old Parsons Rd.</u>	Method of Lat/Long (circle one): Conventional Survey
<u>Raymond</u> MS <u>39157</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW</u> <u>SE</u> <u>W</u> Sec <u>33</u> Twn <u>4N</u> Rng <u>2W</u>
Telephone No. (local) <u>946-5907</u>	Distance Direction Nearest Town
	<u>5</u> Miles <u>W</u> of <u>Terry</u>

Well Data

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

Date well drilling started: 12-10-11 Date well drilling completed: 12-20-11

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

Static Water Level: 142' feet above or below (circle one) land surface Date measured: 12-20-11

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

Hole depth: 420 Well depth: 384 Well grouted to a depth of 40 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 340 feet Casing diameter: 9 inches Type of casing: PVC

Screen length: 34 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 1.008 inches Setting depth: From 340/370 feet to 360/384 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 - Q-0107

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 Jr 0-560 _____
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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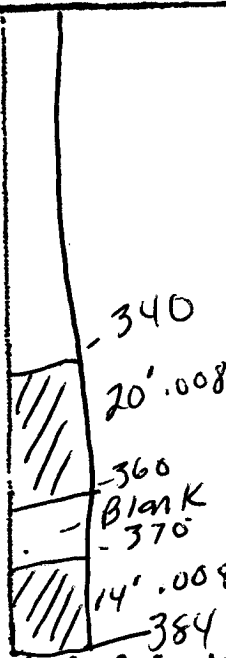
JUL 02 2012

BY: OLWR

If well telescopes please sketch below and show depths.

G107

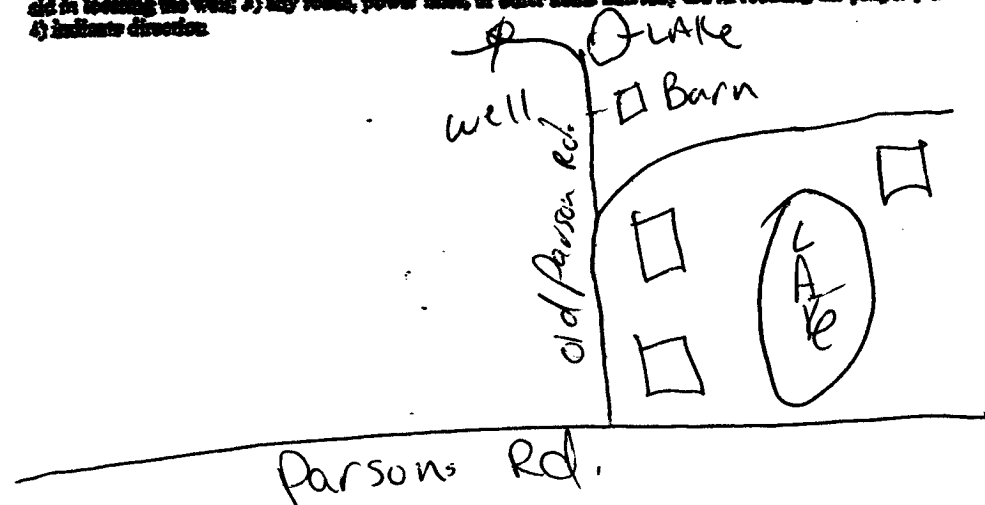
Ground Level



Description of Formations Encountered	FROM	TO
Clay	0	120
SAND & Gravel	120	160
Clay	160	310
ROCK	310	335
SAND	335	360
Clay	360	380
SAND	380	384

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: Bill Elkin

Bill Elkin
Signature of Well Well Computer

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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)

County: Hinds
 Permit #: _____
 Driller: Will Barlow
 Date completed: 12-20-11

For Office Use Only:

Aquifer: _____
 Well #: Q107
 Elevation: _____

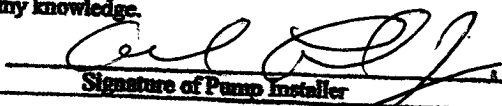
This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Bill Elkin</u> Mailing Address: <u>1320 Old Parsons Rd</u> <u>Raymond MS 39157</u> <small>City State Zip Code</small> Telephone No. <u>(601) 946-5907</u>	Latitude: <u>32°08'31"N</u> Longitude: <u>90°24'18"W</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>NW ¼ SE ¼ Sec 33 Twn 4N Rng 2W</u> Distance Direction Nearest Town <u>5 Miles W of Terry</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): <u>12-20-11</u> Date Pump Installed: <u>12-20-11</u> Rated Pump Capacity: <u>10</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: _____ Setting Depth: <u>250</u> feet Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-20-11</u> Static Water Level (A): <u>142</u> Feet Below Land Surface Pumping Water Level (B): <u>190</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>48</u> Feet Below Land Surface Test Pumping Rate: <u>10</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Air Line <u>Electric Measuring Line</u> Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>10</u> GPM with a drawdown of <u>48</u> feet after <u>4</u> hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Arnold Fincher Jr 0-560
 Print Name of Pump Installer and License No. (if applicable)


 Signature of Pump Installer

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 BY: OLWR