

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: V-132
Well #: _____
L.S. Elevation: _____
E-log #: _____

County: Hinds
Permit #: _____
Driller: Will Barlow
Date drilling completed: 12-14-08

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>Glenn E. Smith</u>	Latitude: <u>32.06.11N</u> Longitude: <u>90.18.59W</u>
Mailing Address: <u>1234 E. Flowers Pt</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Terry, MS 39170</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SE 1/4 NE 1/4 Sec 17 Twn 3N Rng 1W</u>
Telephone No. <u>(769) 251-5863</u>	Distance Direction Nearest Town
	<u>3 Miles W of Terry</u>

Well Data

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

Date well drilling started: 11-28-08 Date well drilling completed: 12-14-08

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

Static Water Level: 90 feet above or below (circle one) land surface Date measured: 12-14-08

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

Role depth: 380 Well depth: 330 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix _____

Casing length: 310 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .008 inches Setting depth: From 310 feet to 330 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 logs: DEQ V-132

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 [Signature]
Print Name of Water Well Contractor and License No. 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: V132
 Well #: _____
 Elevation: _____

County: Hinds
 Permit #: _____
 Driller: Will Berlow
 Date completed: 12-14-08

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>Glen E. Smith</u>	Latitude: <u>32 06 11 N</u> Longitude: <u>90 18 59 W</u>
Mailing Address: <u>1234 E. Flowers Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey,</u>
<u>Terry MS 39170</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE ¼ NE ¼ Sec 17 Twp 3 N Rng 1 W</u>
Telephone No. <u>(769) 251-5863</u>	Distance Direction Nearest Town
	<u>3 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): _____ Date Pump Installed: <u>12-14-08</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: <u>1</u> 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>12-14-08</u> Static Water Level (A): <u>90</u> Feet Below Land Surface Pumping Water Level (B): <u>200</u> Feet Below Land Surface Drawdown ((B) - (A)): <u>110</u> Feet Below Land Surface Test Pumping Rate: <u>5</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>5</u> GPM with a drawdown of <u>110</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 Findler Jr 0-560
 First Name of Pump Installer and License No. (if applicable) Signature of Pump Installer