3.1	State Well Repo	ort	
County: Jackson 059	Part 1	For Office Use Only:	
Permit #:	Mississippi Department of Environ	mental Quality Aquifer:	
	Office of Land and Water Re	esources Well #: B-48	
Driller: Purce Well	P.O. Box 10631		
Date drilling completed: 3-11-05	Jackson, MS 39289-06 (601)961-5210	L. S. Elevation:	
	(601)354-6938 (fax)	R los #	
Kurce Water Will Mid	live		
State Law requires that this repe	ort be prepared by the driller in de	tail and filed with the Department within	
30 days of completion of drilling Well Owner Informa			
	\	Well Location	
Owner Name Plane Ho	Latitude:	°, Longitude; °, "	
Mailing Address:		į daras ir salas ir s	
2: 0	Method of L	at/Long (circle one): Conventional Survey,	
Kiver Ko	USGS	quad, Hand-held GPS, Survey-grade GPS	
Vancleaue			
City Stat		ω _{4 Sec 28 Twn 45 Rng 7W}	
		Direction Nearest Town.	
Telephone No. ()	——————————————————————————————————————	Direction of Chearest Town Line	
	Well Data		
Purpose of Well (circle one) Home Indu			
	strial Public Supply Irrigation	Fish Culture Other:	
Date well drilling started: 3-11-	OS Date well drilling co	mpleted: 3-11-0C	
If flowing method of flow months' visit			
If flowing, method of flow regulation: Valv	eOther (describe)		
Static Water Level: 301 feet abo	ve or below (circle one) land surface	Date measured: 3-11-05	
Made 4 coa		j	
dar nine odder.			
Well dept	h: Well groute	d to a depth of 15 feet	
Type of grout (circle one): Cement	Bentonite Mix	•	
Casing length: 40 feet Casing		, ,	
casing length: 60 feet Casing	diameter: 2 inches T	ype of casing: Dlastic	
Screen length: 5 feet Screen	n diameter: 2 inches T	Slaction	
•	-		
Screen slot size: OG inches	Setting depth: From	feet_tofeet	
Type of completion (circle all applicable):		scoped Open hole Natural Development	
	Other (describe):		
Top of lap pipe or reduction in casing:		re than one screen, describe on back of page	
Logs run (circle all anntical)	The state of the s	which server, describe on back of page	
Logs run (circle all applicable) No log run	Electric Gamma Ray Density Son	ic Neutron Other:	
Name of organization running log(s)		•	
I certify that the well was drilled, construc	ted, and completed in accordance with	all applicable requirements of the Mississippi	
Department of Environmental Quality and	or the Mississippi Department of Hea	Ith regulations and state laws	
	I		
Michael tierre	m91- 0	Michael D.	
Print Name of Water Well Contractor and Lic		word Three	
or trace wen contractor and Lie	ense No.	Signature of Water Well Contractor	
		RECEIV	

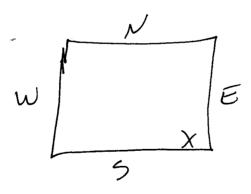
APR 0 6 2005

BY: OLWR

	·• -	-
Description of Formations Encountered	From	To
Top Soil	0	10
Cldy good Sand	10	35
ared sand	35	65
J	1	100
	 	
	 	
		
	1	
	1	(

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: Diane Aldridge

Signature of Water Well Contractor

STATE WELL REPORT

County: Jackson Permit #: Driller: Pierce Well Date completed: 3-12-05

Print Name of Pump Installer and License No. (if applicable)

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:		
Aguifer:		
Well#: 13-48		
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: Diane Aldridge	Latitude: Longitude:			
Mailing Address:	Method of Lat/Long (circle one): Conventional Survey.			
Same	USGS quad, Hand-held GPS, Survey-grade GPS			
City State Zip Code	NE 1/4 SW 1/4 Sec 28 Twn 45 Rng & 710			
Telephone No. ()	Distance Direction Nearest Town H Miles 5 of George Co. Line			
Pump Type Circle one	Power Type Circle one			
Air Lift Submersible	Diesel Engine Gasoline Engine Natural Gas			
Bucket Piston Turbine	Plectric Motor Hand Tractor PTO			
Centrifugal Rotary Flowing Well	Windmill Other (specify):			
Other (specify):	Horse Power Rating of Motor:			
Date Pump Installed: 3 12-05	Setting Depth: 55 feet			
Rated Pump Capacity. Gallons Per Minute	Number of Stages;			
Pump Test Data	Method of Measuring Water Level			
Date Well Tested: 3-12-05	Circle one			
Static Water Level (A): 30 Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape			
Pumping Water Level (B): 35 Feet Below Land Surface	Other (specify):			
Drawdown [(B) - (A)]: 5 Feet Below Land Surface	For flowing well, measured shut in head:feet			
Test Pumping Rate:	Well yielded 1 GPM with a drawdown of			
Duration of Pump Test (minimum 4 hours):hours	5 feet after 4 hours of pumping			
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.				

RECEIVED

APR 0 6 2005

BY: OLWR