

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 #: C-91
 L. S. Elevation: _____
 B-log #: _____

59

County: Jackson
 Permit #: _____
 Driller: Mike
 Date drilling completed: 12-6-04

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>James Barrow</u>	Latitude: <u>30.39 845N</u> Longitude: <u>88.33.948W</u>
Mailing Address: <u>22113 William Ward Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Moore Point Ms 39562</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>SE 1/4 SE 1/4 Sec 27 Twn T 45 Rng R 6 W</u>
Telephone No. () _____	Distance <u>1 1/2</u> Miles Direction <u>N</u> of Nearest Town <u>Wade</u>

Well Data

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

Date well drilling started: 12-6-04 Date well drilling completed: 12-6-04

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

Static Water Level: 20 feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 60 Well depth: 60 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 50 feet Casing diameter: 2 inches Type of casing: PVC 40

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC wrapped

Screen slot size: * 8 inches Setting depth: From 50 feet to 60 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): _____

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.

Michael R Fry Fogle 0408 Michael R Fry Fogle 0408
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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 JAN 05 2005
 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 #: C-91 59

Elevation: _____

County: Jackson
 Permit #: _____
 Driller: Mike
 Date completed: 12-6-04

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>James Barrow</u>	Latitude: <u>30 39 845N</u> Longitude: <u>088 33 948W</u>
Mailing Address: <u>22113 William Ward Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Mon Point Ms 39562</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4 1/4 Sec 27 Twn T45 Rng R6W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>1 1/2 Miles N of Wade</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>12-6-04</u>	Setting Depth: <u>40</u> feet
Rated Pump Capacity: <u>8.12</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-6-04</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>20</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>30</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of
Test Pumping Rate: <u>9</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.

Michael R Fry 0408
 Print Name of Pump Installer and License No. (if applicable)

Michael R Fry 0408
 Signature of Pump Installer

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JAN 05 2005

BY: OLWH