

### 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)961-3210  
(601)354-6938 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: N-554 52  
L.S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: JASPER  
Permit #: \_\_\_\_\_  
Driller: A.J. Fincher  
Date drilling completed: 4-1-07

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>Chuck Adam</u>	Latitude: <u>31.55.08N</u> Longitude: <u>89.14.30W</u>
Mailing Address: <u>43 Cr 1721</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input checked="" type="radio"/> USGS quad, <input checked="" type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Bay Springs MS 39422</u> City State Zip Code	<u>SW 1/4 SE 1/4 Sec 14 Twn 1N Rng 10E</u>
Telephone No. <u>(601) 764-2844</u>	Distance Direction Nearest Town <u>4 Miles SE of Bay Springs</u>

**Well Data**

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

Date well drilling started: 3-17-07 Date well drilling completed: 4-1-07

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

Static Water Level: 53 feet above or below (circle one) land surface Date measured: 4-1-07

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

Hole depth: 300' Well depth: 252' Well grouted to a depth of 10 feet

Type of grout (circle one):  Cement \_\_\_\_\_ Bentonite \_\_\_\_\_ Mix \_\_\_\_\_

Casing length: 225 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 225 feet to 245 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): D.F.C. Geobay

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.

A.J. Fincher #0560MS  
Print Name of Water Well Contractor and License No.

[Signature]  
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: Jasper  
 Permit #: \_\_\_\_\_  
 Driller: A.J. Fincher  
 Date completed: 4-1-07

**For Office Use Only:**  
 Aquifer: 52  
 Well #: N-54  
 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>Chuck Odem</u>	Latitude: <u>315508 N</u> Longitude: <u>891430 W</u>
Mailing Address: <u>430r 1721</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Bay Springs, MS. 39422</u> City State Zip Code	<u>SW 1/4 SE 1/4 Sec 14 Twn 1N Rng 10E</u>
Telephone No. <u>(601) 764-2844</u>	Distance Direction Nearest Town <u>4 Miles SE of Bay Springs</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>4-1-07</u>	Setting Depth: <u>180'</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: <u>13</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-27-07</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>53</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>98</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>45</u> Feet Below Land Surface	Well yielded <u>60</u> GPM with a drawdown of
Test Pumping Rate: <u>60</u> Gallons Per Minute	<u>45</u> feet after <u>4</u> 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.  
A.J. Fincher #0-560ms  
 Print Name of Pump Installer and License No. (if applicable) [Signature] Signature of Pump Installer

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 APR 26 2007  
 BY: OLWR