

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 #: N-18
L. S. Elevation: _____
E-log #: _____

County: Jefferson
Permit #: _____
Driller: Brian McClendon
Date drilling completed: 10/1/04

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>Ben Porter</u>	Latitude: <u>N 31° 41' 66.4"</u> Longitude: <u>W 91° 6' 8.82"</u>
Mailing Address: <u>P.O. Box 233</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Fayette, Ms. 39069</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>NE 1/4 NE 1/4</u> Sec <u>8</u> Twn <u>8N</u> Rng <u>1E</u>
Telephone No. <u>(601) 431-1339</u>	Distance Direction Nearest Town
	<u>5</u> Miles <u>SW</u> of <u>Fayette</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 10/1/04 Date well drilling completed: 10/1/04
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 104 feet above or below (circle one) land surface Date measured: 10/1/04
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 160 Well depth: 155 Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 135 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: .010 inches Setting depth: From 135 feet to 155 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): _____

RECEIVED
OCT 21 2004
BY: OLWR

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.

Green Water Well & Supply

Brian McClendon 664

Brian McClendon

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: _____
 Well #: N-18
 Elevation: _____

County: Jefferson
 Permit #: _____
 Driller: Brian McClendon
 Date completed: 10/1/04

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>Ben Porter</u>	Latitude: <u>N 31° 41.664</u> Longitude: <u>W 91° 6.282</u>
Mailing Address: <u>PO Box 233</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Fayette, Ms 39069</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NE 1/4 NE 1/4 Sec 8 Twn 8N Rng 1E</u>
Telephone No. <u>(601) 431-1339</u>	Distance Direction Nearest Town
	<u>5 Miles SW of Fayette</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <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>3/4</u>
Date Pump Installed: <u>10/1/04</u>	Setting Depth: <u>134</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10/1/04</u>	Air Line <input type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>104</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>114</u> Feet Below Land Surface	RECEIVED
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>12</u> Gallons Per Minute	Well yielded: <u>12</u> GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	<u>10</u> feet after <u>BY: OLWR</u> hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Brian McClendon 664 Print Name of Pump Installer and License No. (if applicable) Brian McClendon Signature of Pump Installer