

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 #: G-170 075
L. S. Elevation: _____
E-log #: _____

County: Lauderdale

Permit #: _____

Driller: McDonald F Heil

Date drilling completed: 9-15-04

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

Owner Name: Aimee Crawford

Mailing Address: 8188 Pine Springs Rd

Meridian MS-39307
City State Zip Code

Telephone No: (601) 626-8716

Well Location

Latitude: 32° 27' 49" Longitude: 88° 46' 11"

Method of Lat/Long (circle one): Conventional Survey,

USGS quad, Hand-held GPS, Survey-grade GPS

NW 1/4 SE 1/4 Sec 9 Twn 7N Rng 15E

Distance _____ Direction _____ Nearest Town _____
Miles _____ of _____

Well Data

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

Date well drilling started: 9-13-04 Date well drilling completed: 9-15-04

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

Static Water Level: 70 feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 380 Well depth: 380 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 247 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: _____ feet Screen diameter: _____ inches Type of screen: _____

Screen slot size: _____ inches Setting depth: From _____ feet to _____ 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.

Bar Heil # 0-8
Print Name of Water Well Contractor and License No.

Bar Heil
Signature of Water Well Contractor

RECEIVED
OCT 01 2004
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 #: G-170

Elevation: _____

County: Lauderdale

Permit #: _____

Driller: McDonald & Hill

Date completed: _____

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

Owner Name: Aimee Crawford

Mailing Address: 8188 Pine Springs Rd

Meridian MS - 39307
City State Zip Code

Telephone No: (601) 626-8716

Well Location

Latitude: _____ Longitude: _____

Method of Lat/Long (circle one): Conventional Survey,

USGS quad, Hand-held GPS, Survey-grade GPS

_____ 1/4 _____ 1/4 Sec 9 Twn 7N Rng 15E

Distance Direction Nearest Town

_____ Miles _____ of _____

Pump Type Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 9-17-04

Rated Pump Capacity: 7 Gallons Per Minute

Power Type Circle one

Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO

Windmill Other (specify): _____

Horse Power Rating of Motor: 3/4 RECEIVED

Setting Depth: 120 feet OCT 01 2004

Number of Stages: _____ BY: OLWR

Pump Test Data

Date Well Tested: 9-15-04

Static Water Level (A): 70 Feet Below Land Surface

Pumping Water Level (B): ? Feet Below Land Surface

Drawdown [(B) - (A)]: _____ Feet Below Land Surface

Test Pumping Rate: 15 Gallons Per Minute

Duration of Pump Test (minimum 4 hours): 3 hours

Method of Measuring Water Level Circle one

Air Line Electric Measuring Line Steel Tape

Other (specify): _____

For flowing well, measured shut in head: _____ feet

Well yielded 15 GPM with a drawdown of

0 feet after 3 hours of pumping

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

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

Harold Hill
Signature of Pump Installer