

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 #: Q-28
L. S. Elevation: _____
E-log #: _____

County: Lowndes
Permit #: _____
Driller: Tom Rossi 0-509
Date drilling completed: 12/18/05

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>Jim Borland</u>	Latitude: <u>33° 18' 49"</u> Longitude: <u>88° 19' 36"</u>
Mailing Address: <u>P.O. Box 9093</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Columbus</u> <u>MS</u> <u>39705</u> City State Zip Code	<u>N</u> ¼ <u>E</u> ¼ Sec <u>29</u> Twn <u>20S</u> Rng <u>19E</u> SE NE 17N Distance Direction Nearest Town Miles of
Telephone No. <u>(662) 574-3024</u>	

Well Data

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

Date well drilling started: 12/18/05 Date well drilling completed: 12/19/05

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

Static Water Level: 11 feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 41 Well depth: 41 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 31 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 0/8 inches Setting depth: From 31 feet to 41 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.

Thomas Rossi 0-509
Print Name of Water Well Contractor and License No.

Thomas Rossi
Signature of Water Well Contractor

RECEIVED
JUN 29 2006
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 #: Q-28

Elevation: _____

County: Lauderdale

Permit #: _____

Driller: Tom Rossi 0-509

Date completed: 12/18/05

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>Jim Borland</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 9093</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Columbus MS. 39265</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>N 1/4 E 1/4 Sec 29 Twn 20S Rng 19E</u>
Telephone No. () _____	Distance Direction Nearest Town
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2</u>
Date Pump Installed: <u>12-19-05</u>	Setting Depth: <u>35</u> feet
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-19</u>	<input checked="" type="radio"/> Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>11</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>14</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>14</u> Feet Below Land Surface	Well yielded <u>15</u> GPM with a drawdown of
Test Pumping Rate: <u>15</u> Gallons Per Minute	<u>4</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.

Thomas Rossi 0-509 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED

JUN 29 2006

BY: OLWR