

State Well Report

Part I

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 #: V93
L. S. Elevation: _____
E-log #: _____

County: Madison
Permit #: _____
Driller: Will Backus
Date drilling completed: 9-10-11

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>TOM W. bobbit</u>	Latitude: <u>32-26-48</u> Longitude: <u>90-10-54W</u>
Mailing Address: <u>220 Hickory Rd</u>	Method of Lat/Long (circle one): Conventional Survey, UBGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Ridgeland MS 39157</u>	<u>SW 1/4 SE 1/4 Sec 15 Twn 7N Rng 1E</u>
City State Zip Code	Distance Direction Nearest Town <u>1</u> Miles <u>W</u> of <u>Ridgeland</u>
Telephone No. () _____	

Well Data

Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 8-20-11 Date well drilling completed: 9-10-11
If flowing, method of flow regulation: Valve _____ Other (describe): _____
Static Water Level: 225 feet above or below (circle one) land surface Date measured: 9-10-11
Method of Measurement (circle one): steel tape electric tape air line other: _____
Hole depth: 780 Well depth: 610 Well grouted to a depth of: 40' feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 570 feet Casing diameter: 4 inches Type of casing: _____
Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: 008 inches Setting depth: From 570 feet to 610 feet
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Mineral Development
Other (describe): _____

Top of hp 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 logs: State 1-0093

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.

Arnold Fincher Jr 0-560

[Signature]

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

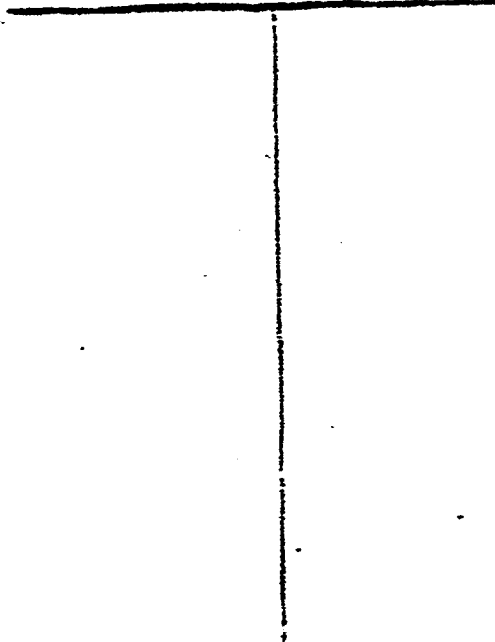
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If well intercepts please sketch below and show depths.

Ground Level



Distribution of Formations Encountered

	FROM	TO
Clay	0	500
SAND + Clay	500	630
Clay + SAND 15-100KS	630	780

V93

If more than one screen, show location of each on sketch.

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.

Landowner Name: Tom w. hobbitt

Oliver P. J.
Survey of Water Well Construction

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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 39299-0631
 (601)961-6210
 (601)354-6938 (fax)

County: Madison
 Permit #: _____
 Driller: Will Barlow
 Date completed: 9-10-11

For Office Use Only:

Aquifer: _____
 Well #: V93
 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>Tom W. Rabbit</u>	Latitude: <u>32.6248N</u> Longitude: <u>90.1054W</u>
Mailing Address: <u>220 Hickory Rd.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Ridgeland MS 39157</u>	USGS quad: <u>Hand-held GPS, Survey-grade GPS</u>
City State Zip Code	<u>SW x SE 1/4 Sec 15 Twn 7N Rng 1E</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>1</u> miles <u>EW</u> of <u>Ridgeland.</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>9-9-11</u>	Setting Depth: <u>360'</u> feet
Rated Pump Capacity: <u>35</u> Gallons Per Minute	Number of Stages: <u>16</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-9-11</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>225</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>330</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B)-(A)): <u>95</u> Feet Below Land Surface	Well yielded <u>35</u> GPM with a drawdown of
Test Pumping Rate: <u>35</u> Gallons Per Minute	<u>95</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

Arnold Finley Jr 0-560 
 that Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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