

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-74
 L. S. Elevation: _____
 E-log #: _____

County: Marion 091
 Permit #: _____
 Driller: James Wells Inc
 Date drilling completed: 9-24-04

James Wells Water Well Service

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>Mineral Arding</u>	Latitude: <u>31° 17' 02"</u> Longitude: <u>89° 50' 57"</u>
Mailing Address: <u>501 Rustique Brick</u> <u>Columbia</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: <u>MS</u> Zip Code: <u>39429</u>	<u>SW</u> 1/4 <u>N</u> 1/4 Sec <u>29</u> <u>R</u> 18 <u>W</u> <u>4</u> SE NW 3 4 18 W
Telephone No. (<u>601</u>) <u>736 9700</u>	Distance: _____ Direction: <u>NE</u> of Nearest Town: <u>Columbia</u>

Well Data

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

Date well drilling started: 9-24-04 Date well drilling completed: 9-24-04

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

Static Water Level: 0 feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 220 Well depth: 220 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 200 feet Casing diameter: 4 inches Type of casing: P.V.C.

Screen length: 20 feet Screen diameter: 4 inches Type of screen: P.V.C.

Screen slot size: 008 inches Setting depth: From 200 feet to 220 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): _____

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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.

JAMES WELLS 0586 _____ James Wells
 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 #: G-74

Elevation: _____

County: Marion

Permit #: _____

Driller: James Wells Inc

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	Well Location
Owner Name: <u>Mississippi Landring</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>501 Rusk Point Dr</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Columbia MS 39429</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW 1/4 N 1/4 Sec 30 Twn 18W Rng 4N</u>
Telephone No. <u>(601) 736-9700</u>	Distance Direction Nearest Town
	<u>1 Miles N of Columbia</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary <u>Flowing Well</u>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: _____	Setting Depth: <u>0</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>0</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>6</u> Feet Below Land Surface	Other (specify): <u>0</u>
Pumping Water Level (B): <u>6</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>0</u> feet
Drawdown [(B) - (A)]: <u>0</u> Feet Below Land Surface	Well yielded <u>20</u> GPM with a drawdown of
Test Pumping Rate: <u>20</u> Gallons Per Minute	_____ feet after <u>0</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>0</u> hours	

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

JAMES WELLS 0586

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

James Wells

Signature of Pump Installer