

County: Rankin
 Permit #: _____
 Driller: Will Barlow
 Date drilling completed: 4-27-2010

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: D 50
 Well #: _____
 L.S. Elevation: _____
 E-log #: _____

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>Tommy Wilson</u>	Latitude: <u>32° 25' 50" N</u> Longitude: <u>89° 53' 35" W</u>
Mailing Address: <u>671 Sfull Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Brandon, MS 39047</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>N 1/4 SE 1/4 Sec 21 Twn 7N Rng 4E</u>
Telephone No. <u>(930) 358-1834</u>	Distance: <u>7</u> Miles Direction: <u>NE</u> of Nearest Town: <u>Flo Wood</u>

Well Data

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

Date well drilling started: 4-19-2010 Date well drilling completed: 4-27-2010

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

Static Water Level: 202 feet above or below (circle one) land surface Date measured: 4-26-2010

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

Hole depth: 580 Well depth: 530 Well grouted to a depth of 40 feet

Type of grout (circle one): Cement Benzoate Mix

Casing length: 510 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: Pvc Slotted

Screen slot size: .008 inches Setting depth: From 510 feet to 530 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Normal 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 logs: DEQ 0-50

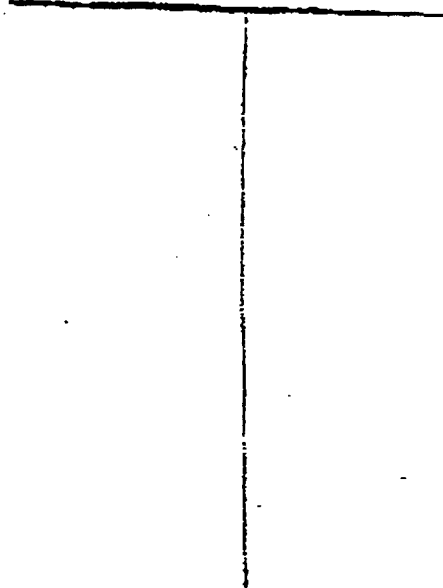
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Arnold Fincher Jr 0-560 _____
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

D 50

If well telescopes please sketch below and show depths.

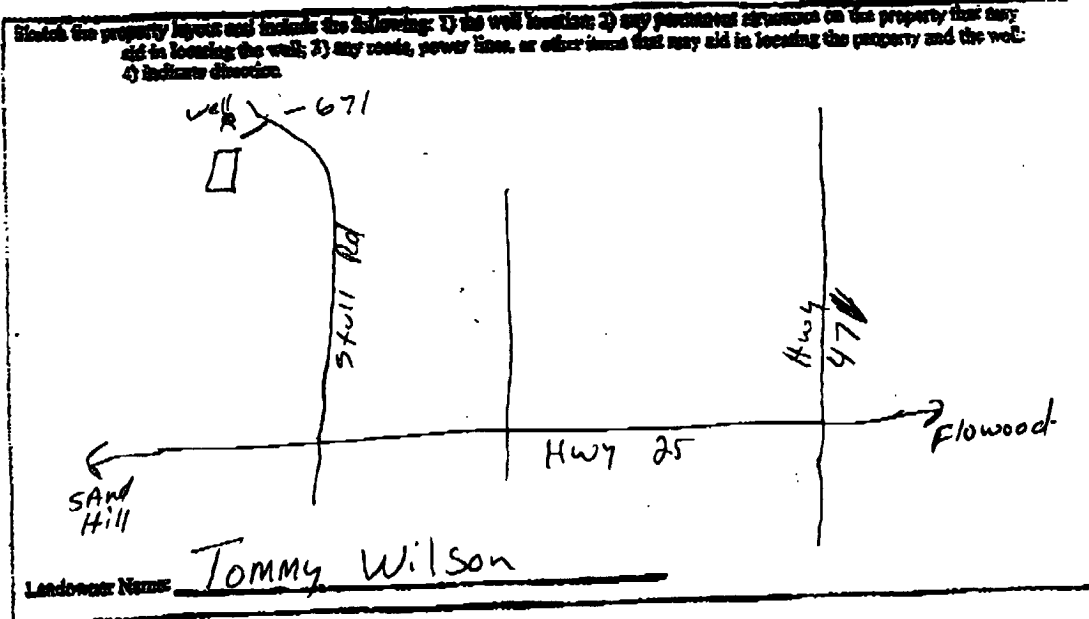
Ground Level



Distribution of Formations Encountered

	From	To
Broken YG220	0	38
YG220 clay	38	122
Modded Branch	125	270
Sandy clay	270	430
clay	430	490
Sandy clay	490	560

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



[Handwritten Signature]

 Signature of Water Well Collector

D50

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)

County: Rankin
 Permit #: _____
 Driller: Will Barlow
 Date completed: 4-27-10

For Office Use Only:
 Asgtr: _____
 Well #: D50
 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>Tommy Wilson</u>	Latitude: <u>32 2550N</u> Longitude: <u>89 53 35W</u>
Mailing Address: <u>6711 Stull Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Brandon MS 39047</u> City State Zip Code	<u>NW 1/4 SE 1/4 Sec 21 Twn 7N Rng 4E</u>
Telephone No. <u>(956) 358-1834</u>	Distance Direction Nearest Town <u>7 Miles NE of Flowood.</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>1</u>
Date Pump Installed: <u>4-26-2010</u>	Setting Depth: <u>250'</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-26-2010</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>202</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>232</u> Feet Below Land Surface	For flowing well, measured static in head: _____ feet
Drawdown (B)-(A): <u>30</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>30</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.

Arnold Fincher Jr 0-560
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer