

FROM :

FAX NO. :

Sep. 12 2007 08:36AM P7

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 #: F-85
 L. S. Elevation: _____
 E-log #: F-0085

County: Rankin
 Permit #: _____
 Driller: Water Well Services
 Date drilling completed: 2-22-08

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>LakeLand Yard + Garden</u>	Latitude: <u>32° 20' 23"</u> Longitude: <u>90° 05' 44"</u>
Mailing Address: <u>4210 LakeLand Dr</u>	Method of Lat/Long (circle one): Conventional Survey
<u>Floreswood</u> MS <u>39232</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>NW 1/4 NE 1/4 Sec 28 Twn 6N Rng 2E</u>
Telephone No. <u>(601) 939-7304</u>	Distance Direction Nearest Town
	<u>1</u> Miles <u>East</u> of <u>Floreswood</u>

Well Data

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

Date well drilling started: 2-12-08 Date well drilling completed: 2-22-08

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

Static Water Level: 154 feet above or below (circle one) land surface Date measured: 2-22-08

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

Hole depth: 440 Well depth: 438 Well grouted to a depth of 40 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 382 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .008 inches Setting depth: From 382 feet to 392 feet
428 438

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

Top of tap 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): MS DEQ

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 MS
 Print Name of Water Well Contractor and License No.

[Signature]
 Signature of Water Well Contractor

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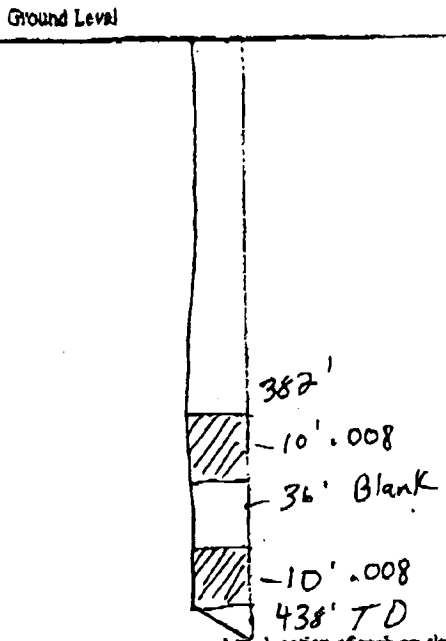
FROM :

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F-85

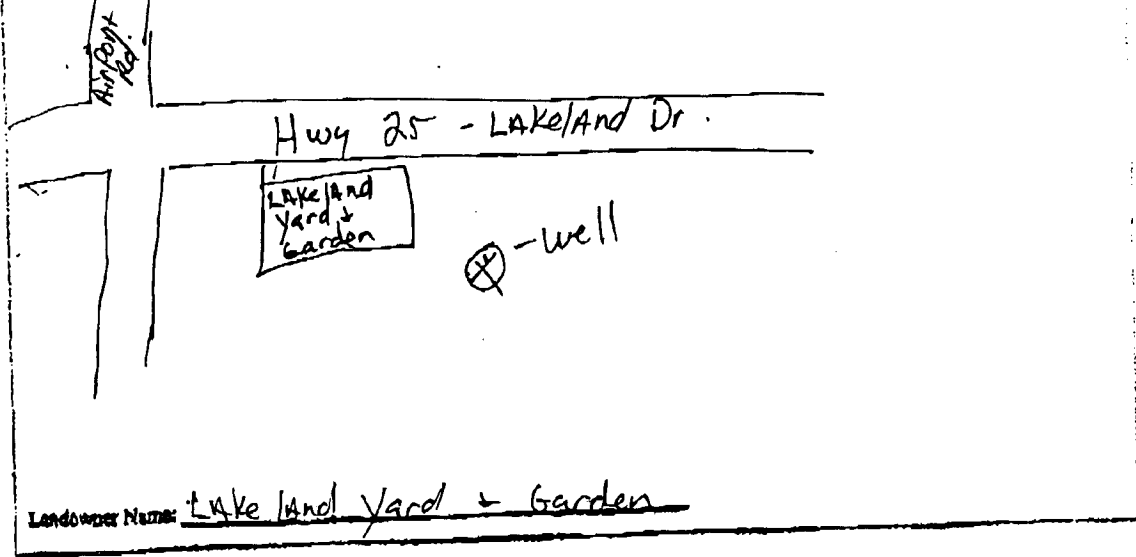
If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	To
Sand + Clay	0	40
Gray Clay	40	160
Sandy Clay	160	210
Clay	210	240
Fine sand.	240	320
Clay	320	357
Sand	357	438
Clay	438	-

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.



Curt R. J.
 Signature of Water Well Contractor

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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 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: F-85

Elevation: _____

County: Rankin
 Permi #: _____
 Driller: water well services
 Date completed: 2-25-08

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>LakeAnd Yard & Garden</u>	Latitude: <u>32 2023N</u> Longitude: <u>90 05 44W</u>
Mailing Address: <u>4210 LakeAnd dr</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Flowood</u> MS <u>39232</u>	<u>NW 1/4 NE 1/4 Sec 28 Twn 6N Rng 2E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 939-7304</u>	<u>1 Miles East 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>5</u>
Date Pump Installed: <u>2-22-08</u>	Setting Depth: <u>240'</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-25-08</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>154</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>179</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>25</u> Feet Below Land Surface	Well yielded <u>50</u> GPM with a drawdown of
Test Pumping Rate: <u>50</u> Gallons Per Minute	<u>25</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 #0-560MS
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

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