

County: Rankin  
 Permit #: \_\_\_\_\_  
 Driller: Will Barlow  
 Date drilling completed: 4-15-10

**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: J116  
 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>Scott White</u>           | Latitude: <u>32°20'15N</u> Longitude: <u>89°45'16W</u>      |
| Mailing Address: <u>PO Box 357</u>       | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>Pelatchie MS 39145</u>                | USGS quad: <u>Hand-held GPS, Survey-grade GPS</u>           |
| City: _____ State: _____ Zip Code: _____ | <u>NW 1/4 SW 1/4 Sec 26 Twn 6N Rng 5E</u>                   |
| Telephone No. <u>(770) 626-1526</u>      | Distance: _____ Miles Direction: _____ of <u>Pelatchie</u>  |

**Well Data**

Purpose of Well (circle one): Other: Poultry  
 Date well drilling started: 5-25-2009 Date well drilling completed: 4-15-10  
 If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
 Static Water Level: 200 feet above or below (circle one) land surface Date measured: 4-1-10  
 Method of Measurement (circle one): electric tape steel tape air line other: \_\_\_\_\_  
 Hole depth: 600 Well depth: 590 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: PVC  
 Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC slotted  
 Screen slot size: 1.008 inches Setting depth: From 570 feet to 590 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): MDEQ J-0116

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 Finler Jr 0-560 [Signature]  
 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: 5116  
 Well #: \_\_\_\_\_  
 Elevation: \_\_\_\_\_

County: Rankin  
 Permit #: \_\_\_\_\_  
 Driller: Will Barlow  
 Date completed: 4-15-10

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>Scott White</u>                     | Latitude: <u>32 20 15 N</u> Longitude: <u>89 45 16 W</u>   |
| Mailing Address: <u>PO Box 357</u>                 | Method of Lat/Long (circle one): <u>Conventional Survey</u> ,<br>USGS quad, <u>Hand-held GPS</u> , <u>Survey-grade GPS</u> |
| <u>Pelehatchie MS 39145</u><br>City State Zip Code | <u>NW 1/4 NE 1/4 Sec 26 Twn 6 N Rng 5 E</u>  |
| Telephones No. <u>220 626-1526</u>                 | Distance Direction Nearest Town<br><u>5 miles E of Pelehatchie</u>   |

| Pump Type<br>Circle one                           | Power Type<br>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>4-13-10</u>               | Setting Depth: <u>360</u> feet            |
| Rated Pump Capacity: <u>40</u> Gallons Per Minute | Number of Stages: <u>16</u>               |

| Pump Test Data  | Method of Measuring Water Level<br>Circle one       |
|---|---|
| Date Well Tested: <u>4-13-10</u>                            | Air Line <u>Electric Measuring Line</u> Steel Tape  |
| Static Water Level (A): <u>200</u> Feet Below Land Surface  | Other (specify): _____                              |
| Pumping Water Level (B): <u>270</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>70</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>70</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 Finler OR #0-560  
 Print Name of Pump Installer and License No. (if applicable) [Signature]  
 Signature of Pump Installer