

# 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 #: J 118  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Rankin  
Permit #: \_\_\_\_\_  
Driller: Will Barlow  
Date drilling completed: 7-6-11

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>Sydney Lum</u>                | Latitude: <u>32.19.10N</u> Longitude: <u>89.44.57W</u>            |
| Mailing Address: <u>990 Noblin Bridge Rd</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u>       |
| <u>Relatchie, MS. 39145</u>                  | USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS                |
| City: _____ State: _____ Zip Code: _____     | <u>SE 1/4 NE 1/4</u> Sec. <u>35</u> Twn. <u>6N</u> Rng. <u>5E</u> |
| Telephone No. ( ) _____                      | Distance _____ Direction _____ Nearest Town _____                 |
|  | <u>3</u> Miles <u>E</u> of <u>Relatchie</u>                       |

**Well Data**

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

Date well drilling started: 6-1-11 Date well drilling completed: 7-6-11

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

Static Water Level: 225' feet above or below (circle one) land surface Date measured: 7-1-11

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

Hole depth: 640' Well depth: 620' Well grouted to a depth of 40' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 620' 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 620 feet to 640 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): State - J-0118

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 \_\_\_\_\_  
Print Name of Water Well Contractor and License No. 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)

County: Rankin  
Permit #: \_\_\_\_\_  
Driller: Will Barlow  
Date completed: 7-6-11

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: J118  
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>Sydney Lum</u>                | Latitude: <u>391910N</u> Longitude: <u>894457W</u>  |
| Mailing Address: <u>990 Noblin Bridge Rd</u> | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| <u>Pekahatchie, MS 39145</u>                 | <u>SE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ Sec. <u>35</u> Twn <u>6N</u> Rng <u>5E</u>                  |
| City State Zip Code                          | Distance Direction Nearest Town   |
| Telephone No. ( ) _____                      | <u>3</u> Miles <u>E</u> of <u>Pekahatchie</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>7-1-11</u>                | Setting Depth: <u>300</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<br>Circle one       |
|---|---|
| Date Well Tested: <u>7-1-11</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>254</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown ((B) - (A)): <u>29</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>29</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

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JUL 02 2012

BY: OLWR