

County: Rankin  
 Permit #: MS-GW-16642  
 Driller: Water Well Services  
 Date drilling completed: 6-20-10

### 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)961-5210  
 (601)354-6938 (fax)

Aquifer: K-217  
 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>Hinds Community College Campus</u>	<u>Rankin</u>	Latitude: <u>32.16 10<sup>N</sup></u>	Longitude: <u>90.05 26<sup>W</sup></u>
Mailing Address: <u>Hwy 80 3805</u>		Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	
City: <u>Pearl</u>	State: <u>MS</u>	SW 1/4 SW 1/4 Sec: <u>15</u>	Twn: <u>5N</u> Rng: <u>2E</u>
Zip Code: _____		Distance: <u>0</u> Miles	Direction: _____ of Nearest Town: <u>Pearl, MS</u>
Telephone No.: <u>(601) 932-5237</u>			

Well Data

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

Date well drilling started: 30 April 2010 Date well drilling completed: 10-20-2010

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

Static Water Level: 242.41 feet above or below (circle one) land surface Date measured: 8-23-10

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

Hole depth: 595 Well depth: 590 Well grouted to a depth of 535 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 535 feet Casing diameter: 8 5/8 inches Type of casing: steel

Screen length: 50 feet Screen diameter: 6" inches Type of screen: Johnson stainless steel

Screen slot size: 0.06 inches Setting depth: From 540 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: 490 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 Logger - K-0217

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.

Water Well Services 0598 Armed Fincher Sr  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

601-360-0535

(If well telescopes please sketch some of them below)

Ground Level

Description of Formation Encountered	From	To
Surface Sand	0	15
Yellow Clay	25	350
Meedy Branch Sand	350	740
Sand Clay	745	1400
Coak Bend Sand	1450	2000
Clay	2015	630

K-217

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.

The sketch shows a rectangular area representing a property. Inside, there is a square labeled "Pond". Below the pond is a circle with a dot in the center, labeled "well". To the right of the well are two vertical parallel lines, with the text "Interstate K 20" written above them.

Landowner Name: Hinds Community College, Rankin Campus

Arnold French Sr  
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: K-217  
 Well #: \_\_\_\_\_  
 Elevation: \_\_\_\_\_

County: Rankin  
 Permit #: \_\_\_\_\_  
 Driller: Water Well Services  
 Date completed: 11-20-10

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

<b>Well Owner Information</b> Owner Name: <u>Rankin Hinds Community College Campus</u> Mailing Address: <u>Hwy 80 - 3805</u> <u>Pearl MS</u> City State Zip Code Telephone No. <u>(601) 932-5237</u>		<b>Well Location</b> Latitude: <u>32 16 10 N</u> Longitude: <u>90 05 26 W</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>15</u> Twp <u>5N</u> Rng <u>2E</u> Distance Direction Nearest Town <u>0</u> Miles of <u>Pearl, MS</u>	
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<b>Pump Type</b> Circle one Air Lift Jet <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>8-15-10</u> Rated Pump Capacity: <u>50</u> Gallons Per Minute	<b>Power Type</b> Circle one Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>2 1/2</u> Setting Depth: <u>315</u> feet Number of Stages: <u>1.7</u>
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<b>Pump Test Data</b> Date Well Tested: <u>8-23-10</u> Static Water Level (A): <u>242</u> Feet Below Land Surface Pumping Water Level (B): <u>263</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>21</u> Feet Below Land Surface Test Pumping Rate: <u>68</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>24</u> hours	<b>Method of Measuring Water Level</b> Circle one Air Line <u>Electric Measuring Line</u> Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>68</u> GPM with a drawdown of <u>24</u> feet after <u>24</u> hours of pumping
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Water Well Services 0598 Wood Gendron SV  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer