

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 #: M86
L. S. Elevation: _____
E-log #: _____

County: Rankin
Permit #: _____
Driller: Will Berlow
Date drilling completed: 9-12-11

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>Ben Banks</u>	Latitude: <u>32.17.28^N</u> Longitude: <u>89.52.33^W</u>
Mailing Address: <u>PO Box 1227</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Brandon MS. 39043</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SW 1/4 NE 1/4 Sec 10V Twn 5N Rng 4E</u>
Telephone No. (601) <u>927-7104</u>	Distance Direction Nearest Town <u>8 Miles East of Brandon</u>

Well Data

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

Date well drilling started: 8-25-11 Date well drilling completed: 9-12-11

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

Static Water Level: 219 feet above or below (circle one) land surface Date measured: 9-10-11

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

Hole depth: 680' Well depth: 650' Well grouted to a depth of 40' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 630 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 4 inches Setting depth: From 630 feet to 650 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 logs: State M-0086

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

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State Well Report

Part I

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10881
Jackson, MS 39288-0881
(601) 354-6828 (fax)
(601) 354-6828 (tel)

Form with fields for Title, Author, Date, and Page.

Form with fields for County, Township, Section, and Range.

State Law requires that this report be prepared by the holder in detail and filed with the Department within 30 days of completion of drilling of the well.

Well General Information section including Well Location, Well Owner Information, and Well Data.

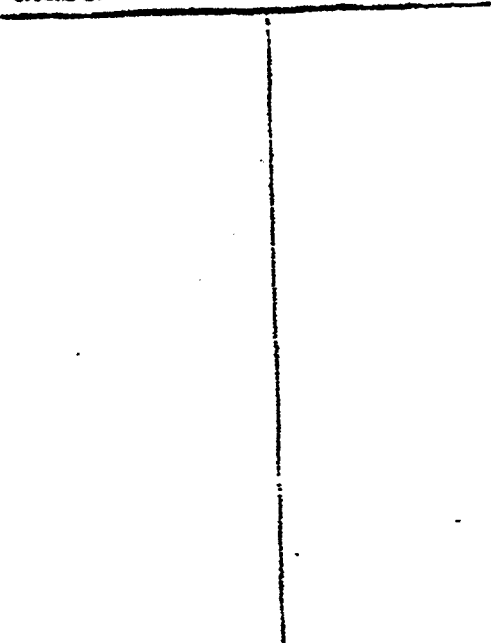
Well Data section including Purpose of Well, Flowing method of flow regulation, Static Water Level, Method of Measurement, Well depth, Type of bore, Casing diameter, Screen diameter, Screen slot size, Type of completion, Top of log pipe, Loss run, Name of operator, and other details.

Signature of Well Contractor and License No. section.

RECEIVED stamp with date and time.

If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered

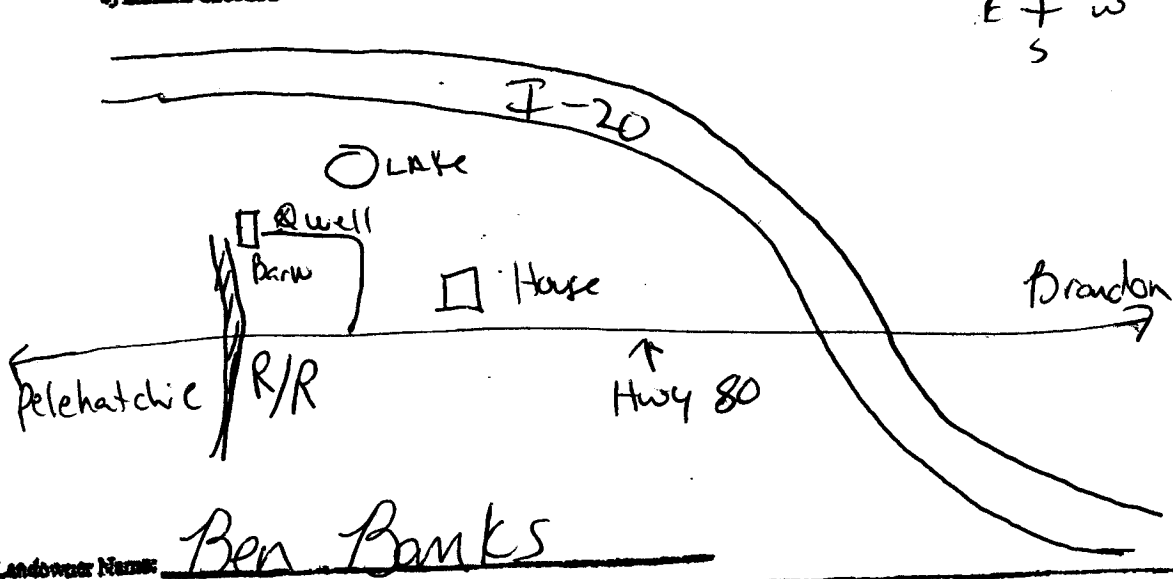
FROM TO

Description of Formations Encountered	FROM	TO
12AM	0	40
Grey clay	40	60
Sandy	60	62
Sand	62	65
Clay	65	-

M86

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.



Landowner Name: Ben Banks

[Signature]
 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 #: M86

Elevation: _____

County: Rankin
Permit #: _____
Driller: Will Barlow
Date completed: 9-12-11

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>Ben Banks</u>	Latitude: <u>32 17 28 N</u> Longitude: <u>89 52 33 W</u>
Mailing Address: <u>P.O. Box 1227</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Brandon MS 39043</u>	<u>SW</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ Sec <u>10</u> Twn <u>5N</u> Rng <u>4E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 927-7104</u>	<u>9</u> Miles <u>E</u> of <u>Brandon</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>9-10-11</u>	Setting Depth: <u>300'</u> feet
Rated Pump Capacity: <u>33</u> Gallons Per Minute	Number of Stages: <u>19</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-10-11</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>219'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>252'</u> Feet Below Land Surface	For flowing well, measured slant in head: _____ feet
Drawdown [(B)-(A)]: <u>33</u> Feet Below Land Surface	Well yielded <u>35</u> GPM with a drawdown of
Test Pumping Rate: <u>35</u> Gallons Per Minute	<u>33</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 Finner JV 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