

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)

County: Rankin
Permit #:
Driller: A.J. Fincher
Date drilling completed: 11-18-08

For Office Use Only:
Aquifer: 064
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: Owner Name: David Hughes, Mailing Address: 888 North church St, Richland MS 39218, Telephone No. (601) 932-8014
Well Location: Latitude: 32.12 07N, Longitude: 90.08.52W, Method of Lat/Long: Conventional Survey, USGS quad: Hand-held GPS, Survey-grade GPS, N 1/4 SE 1/4 Sec 12 Twn 4N Rng 1E, Distance: 1 Miles North of Richland.

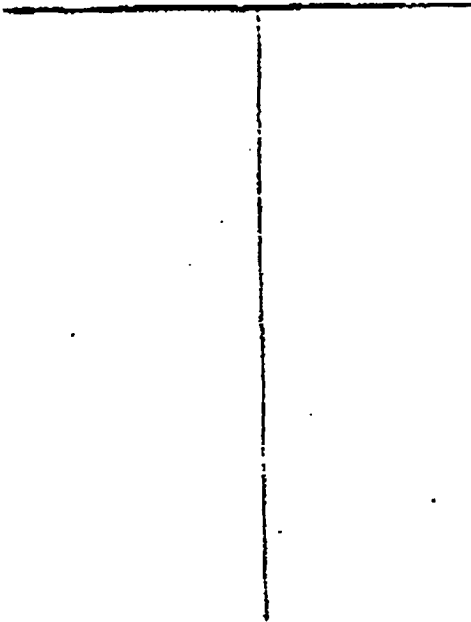
Well Data: Purpose of Well: Irrigation, Date well drilling started: 11-15-08, Date well drilling completed: 11-18-08, Static Water Level: 30 feet above or below land surface, Date measured: 11-18-08, Method of Measurement: electric type, Hole depth: 200, Well depth: 190, Well grouted to a depth of 10 feet, Type of grout: Cement, Casing length: 170 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: .008 inches, Setting depth: From 170 feet to 190 feet, Type of completion: Gravel packed, Top of log pipe or reduction in casing: feet, Log run: Electric Gamma Ray, Name of organization running log(s): DEQ 0-64

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.

Print Name of Water Well Contractor and License No.: Arnold Fincher Jr 0-560
Signature of Water Well Contractor: [Signature]

If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered

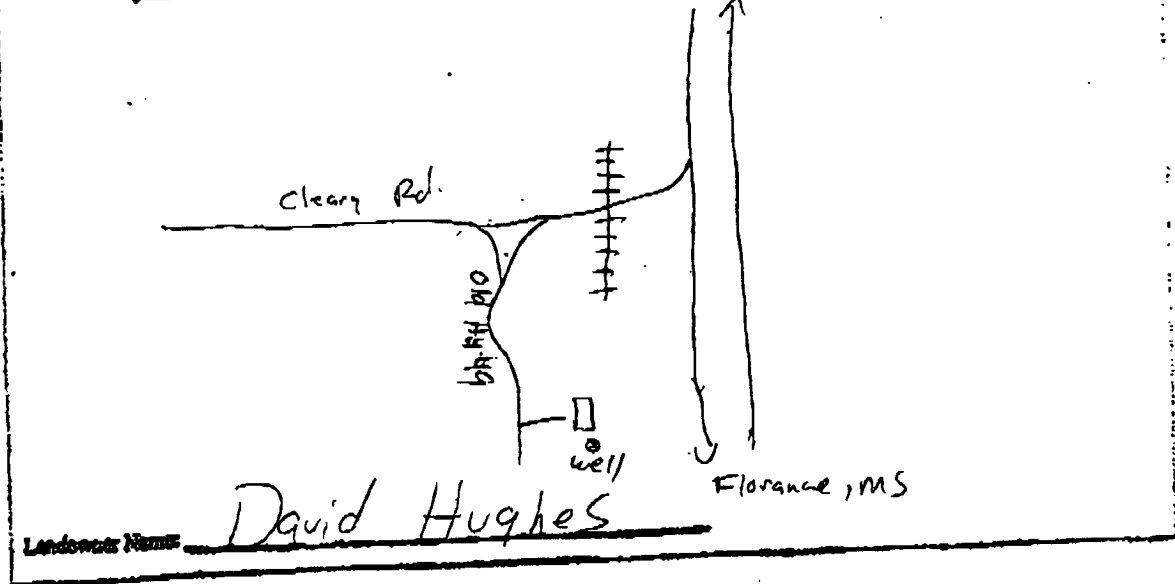
From To

Description of Formations Encountered	From	To
Sandy loam	0	15
Rock + sand.	15	70
Sandy clay	70	170
Sand	170	180
Clay	180	-

064

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 potential 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: David Hughes

[Signature]
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: 064
 Well #: _____
 Elevation: _____

County: Rankin
 Permit #: _____
 Driller: AT Fincher
 Date completed: 11-18-08

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>David Hughes</u>	Latitude: <u>321207N</u> Longitude: <u>906852W</u>
Mailing Address: <u>888 N. Church St</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Richland MS 39218</u>	UBGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW 1/4 SE 1/4 Sec 12 Twn 4N Rng 1E</u>
Telephone No. (601) <u>932-8014</u>	Distance Direction Nearest Town
	<u>1 miles North of Richland</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>1</u>
Date Pump Installed: <u>11-18-08</u>	Setting Depth: <u>180'</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-18-08</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>30</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>150</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>120</u> Feet Below Land Surface	Well yielded <u>15</u> GPM with a drawdown of
Test Pumping Rate: <u>15</u> Gallons Per Minute	<u>120</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