

County: Rankin  
 Permit #: 4" well  
 Driller: Waterwell Services  
 Date drilling completed: 10-18-04

**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)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: P-112  
 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>Tiffany Calhoun</u>	Latitude: <u>39° 09' 02"</u> Longitude: <u>90° 04' 15"</u>
Mailing Address: <u>131 Dot Ulla Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Florence, Ms</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Florence, Ms</u>	<u>1/4</u> <u>1/4</u> Sec <u>35</u> Twn <u>35</u> Rng <u>2E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 845-2936</u>	<u>7</u> Miles <u>N/W</u> of <u>Florence</u>

**Well Data**

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

Date well drilling started: 10-18-04 Date well drilling completed: 10-22-04

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

Static Water Level: 76 feet above or below (circle one) land surface Date measured: 10-24-04

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

Hole depth: 300 Well depth: 240 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 210 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 0.08 inches Setting depth: From 210 feet to 240 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 Logger Log # P-0112

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  
 Print Name of Water Well Contractor and License No.

Ronald Smith  
 Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

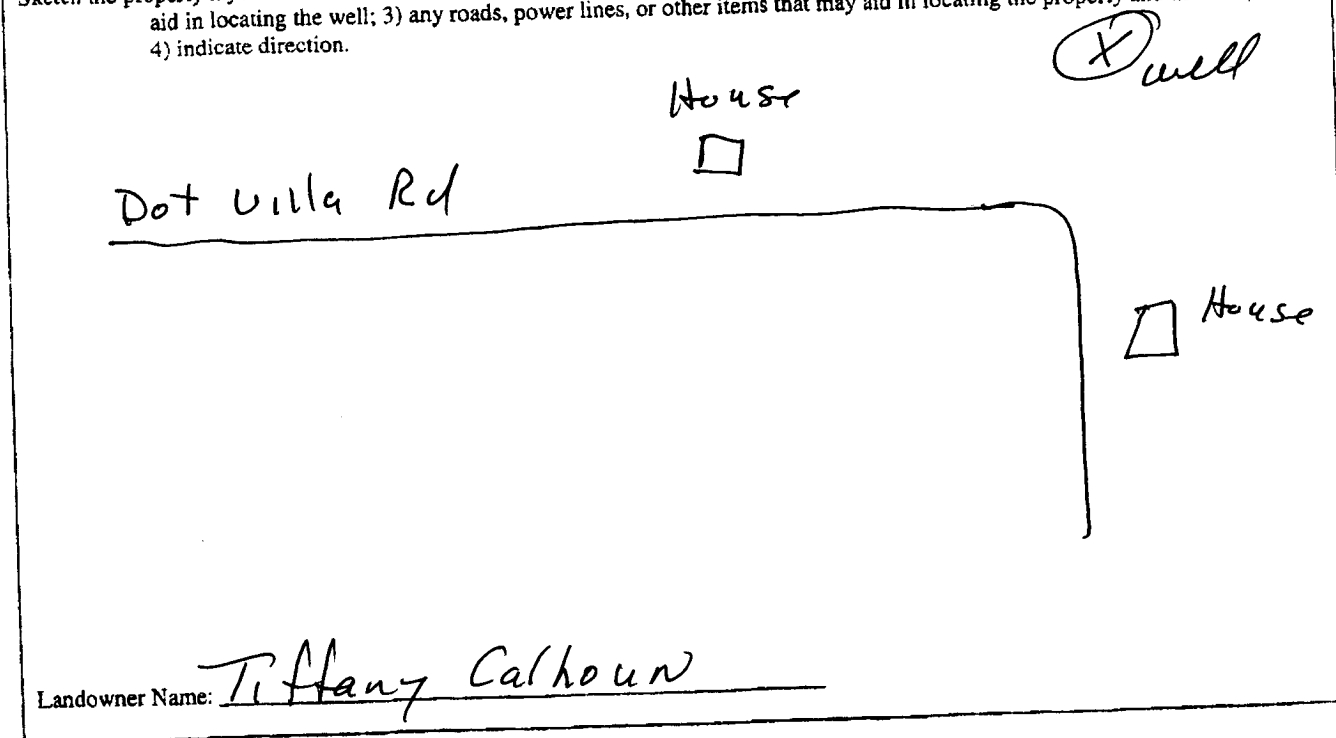
Ground Level P-112

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Description of Formations Encountered	From	To
Sand	0	10
Clay	10	85
Sand	85	105
clay	105	190
lime stone	190	210
Sand	210	240
Sandy clay	240	300

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: Tiffany Calhoun

Armed Sanchez 0598  
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)961-3210  
 (601)364-6938 (fax)

County: Rankin  
 Permit #: 4" well  
 Driller: Waterwell Services  
 Date completed: 10-29-04

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: 8-113  
 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.

<p><b>Well Owner Information</b></p> <p>Owner Name: <u>Tiffany Calhoun</u>                  Mailing Address: <u>131 Dot Villa Rd</u>  <u>Florence, MS</u>                  City State Zip Code                  Telephone No. <u>601, 825-2934</u></p>	<p><b>Well Location</b></p> <p>Latitude: <u>390902 N</u> Longitude: <u>90041 W</u>                  Method of Lat/Long (circle one): Conventional Survey,                  USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS                  _____ 1/4 _____ 1/4 Sec <u>35</u> Twp. <u>4N</u> Rng <u>2E</u>                  Distance Direction Nearest Town  <u>7</u> Miles <u>N/W</u> of <u>Florence</u></p>
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<p><b>Pump Type</b> Circle one</p> <p>Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>                  Bucket Piston Turbine                  Centrifugal Rotary Flowing Well                  Other (specify): _____                  Date Pump Installed: <u>10-29-04</u>                  Rated Pump Capacity: <u>12</u> Gallons Per Minute</p>	<p><b>Power Type</b> Circle one</p> <p>Diesel Engine Gasoline Engine Natural Gas  <input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO                  Windmill Other (specify): _____                  Horse Power Rating of Motor: <u>1.0</u>                  Setting Depth: <u>220'</u> feet                  Number of Stages: <u>9</u></p>
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<p><b>Pump Test Data</b></p> <p>Date Well Tested: <u>10-29-04</u>                  Static Water Level (A): <u>74</u> Feet Below Land Surface                  Pumping Water Level (B): <u>180</u> Feet Below Land Surface                  Drawdown [(B) - (A)]: <u>104</u> Feet Below Land Surface                  Test Pumping Rate: <u>7</u> Gallons Per Minute                  Duration of Pump Test (minimum 4 hours): <u>6</u> hours</p>	<p><b>Method of Measuring Water Level</b> Circle one</p> <p>Air Line <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape                  Other (specify): _____                  For flowing well, measured shut in head: _____ feet                  Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping</p>
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Arnold Fincher Sr 0598 Arnold Fincher Sr  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 BY: OLWR