

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 #: R-101
L. S. Elevation: _____
E-log #: _____

121

County: Rankin
Permit #: 4" Well
Driller: Water Well Service
Date drilling completed: 11-20-04

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>Mark Dearman</u>	Latitude: <u>32° 10' 33"</u> Longitude: <u>089° 53' 17"</u>
Mailing Address: <u>401 Clifton Rd</u>	Method of Lat/Long (circle one): Conventional Survey
<u>Brandon Ms 39042</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>21</u> Twn <u>4N</u> Rng <u>4E</u>
Telephone No: <u>(601) 824-2238</u>	Distance <u>7</u> Miles Direction <u>S</u> of Nearest Town <u>Brandon</u>

Well Data

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

Date well drilling started: 11-6-04 Date well drilling completed: 11-14-04

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

Static Water Level: 62 feet above or below (circle one) land surface Date measured: 11-14-04

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

Hole depth: 300 Well depth: 280 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: _____ inches Type of screen: _____

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 Lg # R-0101

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 Sr 0598
Print Name of Water Well Contractor and License No.

Arnold Fincher 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: _____
 Well #: R-101 121
 Elevation: _____

County: Randolph
 Permit #: 4" Well
 Driller: Water Well Service
 Date completed: 11-20-04

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>Maude Dearman</u>	Latitude: <u>321033N</u> Longitude: <u>0895317W</u>
Mailing Address: <u>401 Clifton Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Brandon Ms 39042</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>21</u> Twn <u>4N</u> Rng <u>4E</u>
Telephone No. <u>(601) 824-2238</u>	Distance Direction Nearest Town
	<u>7</u> Miles <u>South</u> of <u>Brandon, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <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>1.0</u>
Date Pump Installed: <u>11-19-04</u>	Setting Depth: <u>160</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-20-04</u>	Air Line <input type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>62</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>110</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>48</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>15</u> Gallons Per Minute	
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 Fracher Sr 0598 Arnold Fracher Sr
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer