

### 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)

County: Rankin  
 Permit #: \_\_\_\_\_  
 Driller: Arnold Fincher  
 Date drilling completed: 7-9-05

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: T57  
 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>Tim Hedgepeth</u>		Latitude: <u>33° 03' 13" N</u>	Longitude: <u>90° 09' 54" W</u>
Mailing Address: <u>270 William Everett Ct</u>		Method of Lat/Long (circle one): <u>Conventional Survey</u>	
<u>Florence MS</u>		USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS	
City State Zip Code		<u>NE 1/4 SE 1/4 Sec 35 Twp 3N Rng 1E</u>	
Telephone No. <u>(601) 420-4344</u>		Distance <u>7</u> Miles	Direction <u>SW</u> of Nearest Town <u>Florence</u>

Well Data

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

Date well drilling started: 7-1-05 Date well drilling completed: 7-9-05

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

Static Water Level: 62 feet above or below (circle one) land surface Date measured: 7-8-05

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

Hole depth: 300 Well depth: 244 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 234 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC slotted

Screen slot size: 1008 inches Setting depth: From 234 feet to 244 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: DEQ T-57

I certify that this 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 0-598 Arnold Fincher  
 Print Name of Water Well Contractor and License No. 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 10651  
 Jackson, MS 39288-0651  
 (601)961-6210  
 (601)354-6938 (fax)

County: Rankin  
 Permit #: \_\_\_\_\_  
 Driller: Arnold Fincher  
 Date completed: 7-9-05

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: T57  
 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.

Well Owner Information	Well Location
Owner Name: <u>Tim Hedgepeth</u>	Latitude: <u>3303.22N</u> Longitude: <u>9009.54W</u>
Mailing Address: <u>270 William Everett cv.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Florance, MS</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>NE</u> <u>SE</u> <u>SW</u> <u>NE</u> <u>Sec</u> <u>35</u> <u>Twn</u> <u>3N</u> <u>Rng</u> <u>1E</u>
Telephone No. <u>(601) 420-4344</u>	Distance Direction Nearest Town
	<u>7</u> Miles <u>SW</u> of <u>Florance</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>7-9-05</u>	Setting Depth: <u>200</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>7-9-05</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>72</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>170</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown (B)-(A): <u>98</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>98</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 0-598  
 Print Name of Pump Installer and License No. (if applicable)

Arnold Fincher  
 Signature of Pump Installer