

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: Water Well Services
 Date drilling completed: 5-7-08

For Office Use Only:
 Aquifer: V92
 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	Well Location
Owner Name: <u>Tobony ELLZY #2</u>	Latitude: <u>32° 05' 11" N</u> Longitude: <u>90° 01' 32" W</u>
Mailing Address: <u>1983 Cleary Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Florence MS 39073</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE 1/4 NE 1/4 Sec. 19 Twn 3N Rng 3E</u>
Telephone No. <u>(601) 845-5718</u>	Distance Direction Nearest Town <u>7 Miles East of HSC</u>

Well Data

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

Date well drilling started: 3-07-08 Date well drilling completed: 5-07-08

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

Static Water Level: 270' feet above or below (circle one) land surface Date measured: 5-1-08

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

Hole depth: _____ Well depth: 620' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 600' feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: P.V.C. Slotted

Screen slot size: .008 inches Setting depth: From 600 feet to 620 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): MDEQ V-92

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.

A.J. Fincher Jr # 0-560 MS _____
 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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: Rankin
 Permit #: _____
 Driller: Water Well Services
 Date completed: 5-10-08

For Office Use Only:
 Aquifer: V92
 Well #: _____
 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>Johnny ELZY</u>	Latitude: <u>32.0511W</u> Longitude: <u>90-01-32W</u>
Mailing Address: <u>1983 Cleary Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Florence</u> MS <u>39073</u>	<u>1/4</u> <u>1/4</u> Sec <u>19</u> Twn <u>3N</u> Rng <u>3E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (601) <u>845-5718</u>	<u>2</u> Miles <u>East</u> of <u>Star</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____	Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor <u>3</u>