

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: Tom Griffith
Date drilling completed: 8/3/12

For Office Use Only:
Aquifer: X/12/
Well #:
L. S. Elevation:
B-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: Mann-Hines-Tarrett, Mailing Address: PO Box 3216, Ridge Land, MS 39158, Telephone No. 601 405 6089
Well Location: Latitude: 32.5273, Longitude: -89.44256, Method of Lat/Long: Conventional Survey, USGS quad: 54 SW, Sec 13, Twn 31N, Rng 2E, Distance: 5 Miles NE of Puckett, MS

Well Data: Water Well No. 1, Purpose of Well: Other: Fire Supply, Date well drilling started: 8/3/12, Date well drilling completed: 8/4/2012, Static Water Level: 15 feet above or below land surface, Date measured: 8/4/12, Method of Measurement: steel tape, Hole depth: 80', Well depth: 80', Well grouted to a depth of 10 feet, Type of grout: Cement, Casing length: 40 feet, Casing diameter: 4 inches, Type of casing: PVC Sch 40, Screen length: 40 feet, Screen diameter: 4 inches, Type of screen: PVC Sch 40, Screen slot size: .020 Bottom, Setting depth: From 40 feet to 80 feet, Type of completion: Gravel packed, Other (describe):

Name of organization running log(s):
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.
Tom Griffith Water Well - 1/1/12
Print Name of Water Well Contractor and License No. 0-405 Signature of Water Well Contractor

Drilled wti: Well No 2 on 8/5/12, 75' south of No 1, set at TD of 60' w/ 40' 0-020 sch 40 PVC screen from 20' to 60', w.h. 15', 10' cement grout

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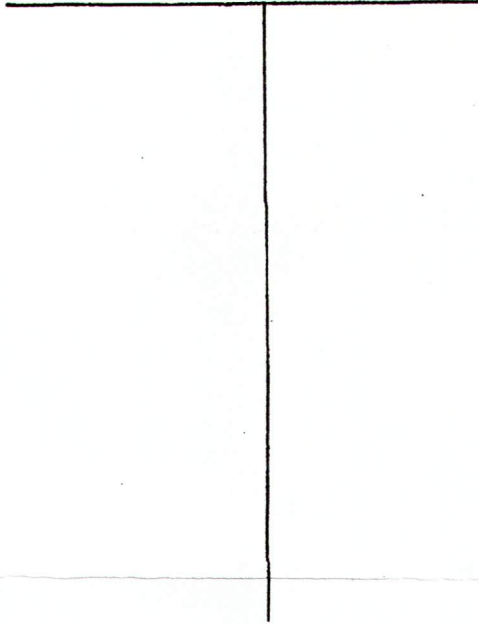
AUG 31 2012

BY: OLWR

x/21

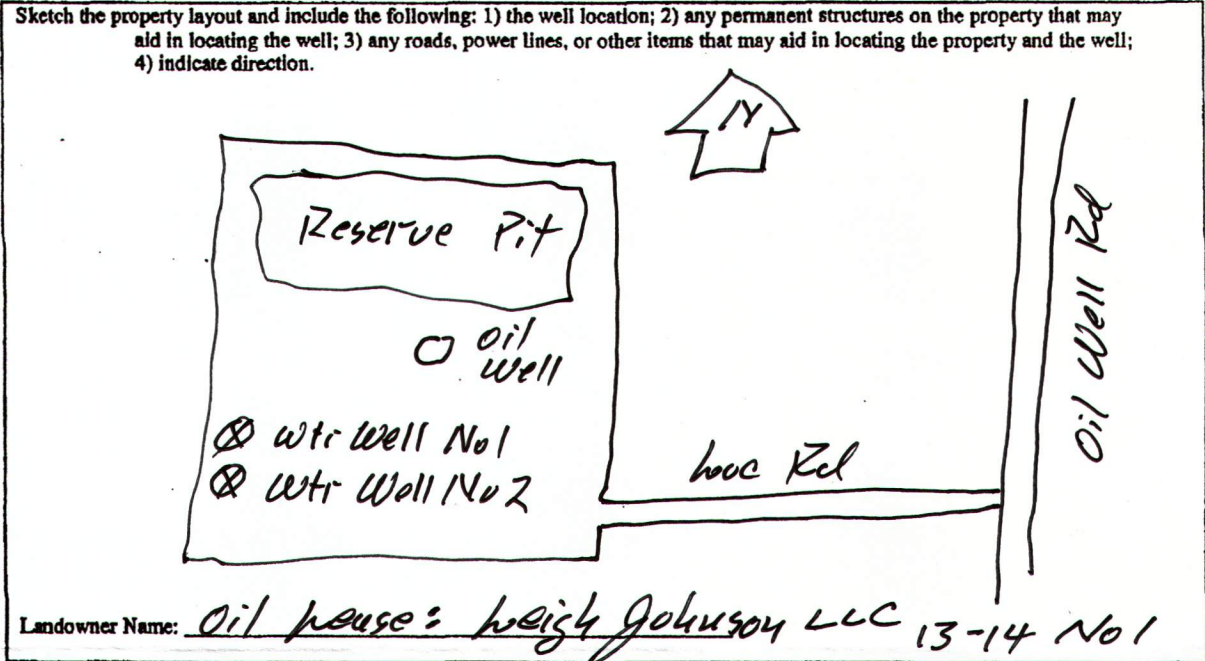
If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
Yellow Clay & Sand	0	20
Clay & loose yellow sand streaks	20	42
Aug & Green Sand & Clay streaks	42	80
Clay		80'

If more than one screen, show location of each on sketch



*Leigh Johnson*  
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)961-5210  
(601)354-6938 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: \_\_\_\_\_

Elevation: \_\_\_\_\_

X/21

County: Raukin  
Permit #: \_\_\_\_\_  
Driller: Tom Griffith  
Date completed: 8/3/2012

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Water Well No 1

Well Owner Information	Well Location
Owner Name: <u>Moan-Hines-Tagrett</u>	Latitude: <u>32° 5' 27.3"</u> Longitude: <u>-89° 44' 25.6"</u>
Mailing Address: <u>P.O. Box 3216</u>	Method of Lat/Long (circle one): Conventional Survey
<u>Ridgeland, Ms 39158</u> City State Zip Code	USGS quad, Hand-held GPS, Survey grade GPS
Telephone No. <u>601-405-6089</u>	<u>1/4</u> Sec <u>13</u> Twn <u>3N</u> Rng <u>5E</u>
	Distance Direction Nearest Town <u>5 Miles NE of Puckett, Ms</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2</u>
Date Pump Installed: <u>8/4/12</u>	Setting Depth: <u>55</u> feet
Rated Pump Capacity: <u>50</u> Gallons Per Minute	Number of Stages: <u>20</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8/4/12</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>15</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>4/12</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded <u>20</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>20</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
Tom Griffith Water Well... LLC Tom Tagrett, P.M.  
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Wtr. Well No 2, drilled 8/5/12, 75' south of Well No 1. TD of well 60', w/40' o-o-zo sch 40, 17ve screen set @ 60' TD. 15' w/h, 5hp submersible elec pump. well yield 50 gpm. Pump set @ 55'

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