

State Well Report
Part I

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39299-0631
(601)961-5210
(601)354-6938 (fax)

County: Scott
Permit #: _____
Driller: Will Barlow
Date drilling completed: 8-10-11

For Office Use Only:
Aquifer: _____
Well #: K30
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>Tracy Arender #2</u>	Latitude: <u>32° 21' 56" N</u> Longitude: <u>89° 35' 39" W</u>
Mailing Address: <u>650 Kalem Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Morton</u> MS <u>39117</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SP4 NE1/4</u> Sec <u>17</u> Twn <u>6N</u> Rng <u>7E</u>
Telephone No. <u>(601) 201-7499</u>	Distance Direction Nearest Town <u>5</u> Miles <u>East of</u> <u>Morton</u>

Well Data

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

Date well drilling started: 7-16-11 Date well drilling completed: 8-10-11

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

Static Water Level: 100 feet above or below (circle one) land surface Date measured: 8-9-11

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

Hole depth: 440 Well depth: 375 Well grouted to a depth of 40 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 375 feet Casing diameter: 4 inches Type of casing: PVC

Screens length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .008 inches Setting depth: From 355 feet to 375 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: State - K-0030

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 Jr 0-560 [Signature]
Print Name of Water Well Contractor and License No. 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)

County: Scott
 Permit #: _____
 Driller: Will Barlow
 Date completed: 8-10-11

For Office Use Only:

Aquifer: _____
 Well #: K30
 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>Tracy Arender #2</u>	Latitude: <u>32°21'36"N</u> Longitude: <u>89°35'39"W</u>
Mailing Address: <u>650 Kalem Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Morton MS 39117</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SE 1/4 Sec 17 Twn 6N Rng 7E</u>
Telephone No. <u>(601) 201-7499</u>	Distance Direction Nearest Town
	<u>5</u> miles <u>E</u> of <u>MORTON</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>5</u>
Date Pump Installed: <u>8-9-11</u>	Setting Depth: <u>200</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-9-11</u>	Air Line <u>Electric Measuring Line</u> Steel Tube
Static Water Level (A): <u>100</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>135</u> Feet Below Land Surface	For flowing well, measured static head: _____ feet
Drawdown [(B) - (A)]: <u>35</u> Feet Below Land Surface	Well yielded <u>50</u> GPM with a drawdown of
Test Pumping Rate: <u>50</u> Gallons Per Minute	<u>35</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 Funder Jr. 0560 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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