

# 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 #: # 2Q-29  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Scott  
Permit #: 4" well  
Driller: Water well Service  
Date drilling completed: 1-12-06

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>Mike Wick Jr</u>		Latitude: <u>32.14.46</u>	Longitude: <u>89.32.24</u>
Mailing Address: <u>9413 Morton-Marthon Rd</u>		Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS	
<u>Homewood, MS</u>		<u>1/4</u> <u>1/4</u> Sec <u>25</u> Twn <u>5N</u> Rng <u>7E</u>	
City: _____ State: _____ Zip Code: _____		Distance: <u>2</u> Miles	Direction: <u>W</u> of Nearest Town: <u>Homewood, MS</u>
Telephone No. <u>(601) 5-36-2143</u>			

**Well Data**

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

Date well drilling started: 1-2-06 Date well drilling completed: 1-12-06

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

Static Water Level: 54 feet above or below (circle one) land surface Date measured: 1-14-06

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

Hole depth: 520 Well depth: 500 Well grouted to a depth of 40 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 480 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 0.08 inches Setting depth: From 480 feet to 500 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 - 0-0029

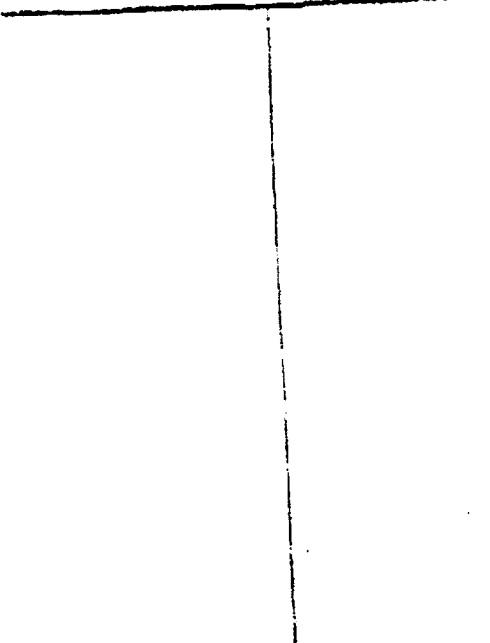
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Arnold Fincher - 0598 Arnold Fincher Sr  
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
Sand	0	40
Clay	40	240
Sand	240	260
Sand & Clay	260	420
Sand	420	500
Clay	500	520

Q-29

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.

Landowner Name: Merle Wicker Well #2

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 #: #2 Q-29

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

County: Scott  
Permit #: 4" well  
Driller: Waterwell Service  
Date completed: 1-14-06

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>Mike Wicker</u>	Latitude: <u>32-14-46</u> Longitude: <u>89-32-24</u>
Mailing Address: <u>9413 Morton-Marathon Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Homewood MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>25</u> Twn <u>5N</u> Rng <u>2E</u>
Telephone No. <u>(601) 5-36-2413</u>	Distance Direction Nearest Town
	<u>2</u> Miles <u>W</u> of <u>Homewood</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>5</u>
Date Pump Installed: <u>1-13-06</u>	Setting Depth: <u>180</u> feet
Rated Pump Capacity: <u>50</u> Gallons Per Minute	Number of Stages: <u>21</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-13-06</u>	Air Line <input checked="" type="radio"/> Electric Measuring Line Steel Tape
Static Water Level (A): <u>54</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>72</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>18</u> Feet Below Land Surface	Well yielded <u>60</u> GPM with a drawdown of
Test Pumping Rate: <u>60</u> Gallons Per Minute	<u>18</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 Sr 0598  
Print Name of Pump Installer and License No. (if applicable)

Arnold Fincher Sr  
Signature of Pump Installer

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FEB 15 2006  
BY: OLWR