

OK JAMM
9-8-04

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 #:	<u>A-10</u>
L.S. Elevation:	_____
E-log #:	_____

County:	<u>Simpson</u> 189
Permit #:	<u>GW 1590B</u>
Driller:	<u>Herndon Well</u>
Date drilling completed:	<u>10-22-03</u>

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>SW Rankin W.A.</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>201 S County Line Rd.</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Florence</u> <u>MS</u> <u>39073</u>	<u>14</u> <u>14</u> Sec <u>9</u> Twn <u>21N</u> Rng <u>1E</u>
City State Zip Code	Distance <u>6</u> Miles Direction <u>SW</u> of Nearest Town <u>Florence</u>
Telephone No. <u>(601) 845-2440</u>	

Well Data

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

Date well drilling started: 06-17-03 Date well drilling completed: 10-22-03

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

Static Water Level: 226 feet above or below (circle one) land surface Date measured: 10-27-03

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

Hole depth: 2141 Well depth: 2085 Well grouted to a depth of 1900 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 1900 feet Casing diameter: 12 inches Type of casing: Steel (Double screen)

Screen length: 115 feet Screen diameter: 8x6 inches Type of screen: Johnson

Screen slot size: .012 inches Setting depth: From 1905-2005 feet to 2070-2085 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: 1805 feet. If telescoped or more than one screen, describe on back of page

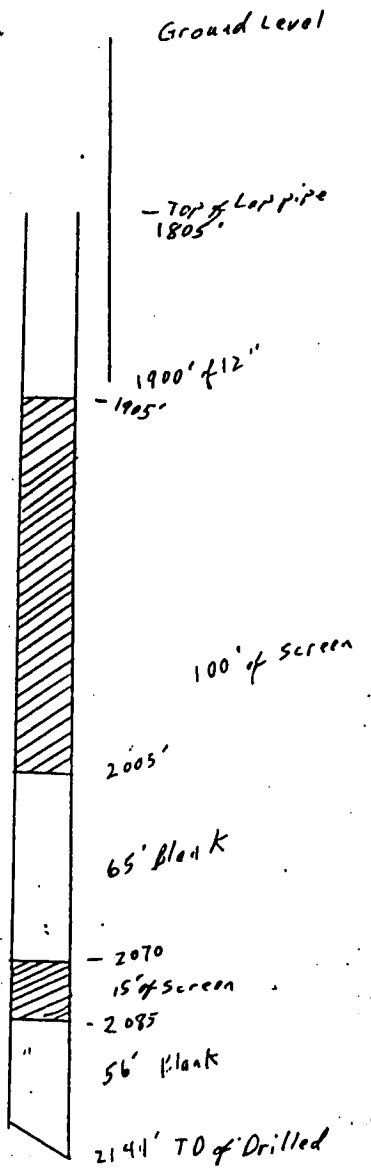
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: yes

Name of organization running log(s): MSGS

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.

Herndon Well & Supply Inc .021 _____
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

Simpson
 A-10
 GW 15908



and show depths

Description of Formations Encountered	From	To
Red clay	0	8
Grey clay	8	110
Sandy clay	110	175
Sand	175	220
Sandy clay	220	276
clay	276	385
shale	385	518
clay	518	1300
Sandy Clay	1305	1900
Sand	1900	2000
clay	2000	2070
Sand	2070	2085
clay	2085	

1900' of 12"
 - 1905'

100' of screen

2005'

65' Blank

- 2070
 15' of screen

- 2085
 56' Blank

2144' TD of Drilled

n of each on sketch

following: 1) the well location; 2) any permanent structures on the property that may be roads, power lines, or other items that may aid in locating the property and the well;

Landowner Name: _____

Signature of Water Well Contractor _____

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HERNDON WELL SUPPLY

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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: _____
 Permit #: GW 15908
 Driller: _____
 Date completed: 12-17-04

For Office Use Only:
 Aquifer: _____
 Well #: A 10
 Elevation: _____

This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.

Well Owner Information	Well Location
Owner Name: <u>SW Rankin WA</u>	Latitude: <u>32 01 29</u> Longitude: <u>90 11 56</u>
Mailing Address: <u>201 S. County Line Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Florence Ms 39073</u> City State Zip Code	<u>1/4 1/4 Sec 9 Twn 2 N Rng 1 E</u>
Telephone No. <u>(601) 845 2440</u>	Distance Direction Nearest Town <u>6 Miles SW of</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>50</u>
Date Pump Installed: <u>07-27-04</u>	Setting Depth: <u>340</u> feet
Rated Pump Capacity: <u>442</u> Gallons Per Minute	Number of Stages: <u>7</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-19-04</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>226</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>276</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>50</u> Feet Below Land Surface	Well yielded <u>442</u> GPM with a drawdown of
Test Pumping Rate: <u>442</u> Gallons Per Minute	<u>50</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.

Herndon Robert E .021 Martin E Herndon
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer