

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)

For Office Use Only:

Aquifer: _____
 Well #: A-12
 L. S. Elevation: _____
 E-log #: _____

County: Simpson
 Permit #: 4" well
 Driller: Water Well Services
 Date drilling completed: 2-7-05

Water Well Services

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>S.W. Rankin Water Assn</u>	Latitude: <u>32° 01' 29"</u> Longitude: <u>90 11 56"</u>
Mailing Address: <u>County Line Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Florence, Ms</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>9</u> Twn <u>2N</u> Rng <u>1E</u>
Telephone No. () _____	Distance Direction Nearest Town <u>8 1/2</u> Miles <u>S/W</u> of <u>Florence</u>

Well Data

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

Date well drilling started: 2-1-05 Date well drilling completed: 2-7-05

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

Static Water Level: 57 feet above or below (circle one) land surface Date measured: 2-6-05

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

Hole depth: 275 Well depth: 270 Well grouted to a depth of 30 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: _____ feet Casing diameter: see back inches Type of casing: _____

Screen length: _____ feet Screen diameter: _____ inches Type of screen: _____

Screen slot size: _____ inches Setting depth: From _____ feet to _____ 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: See back 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: _____

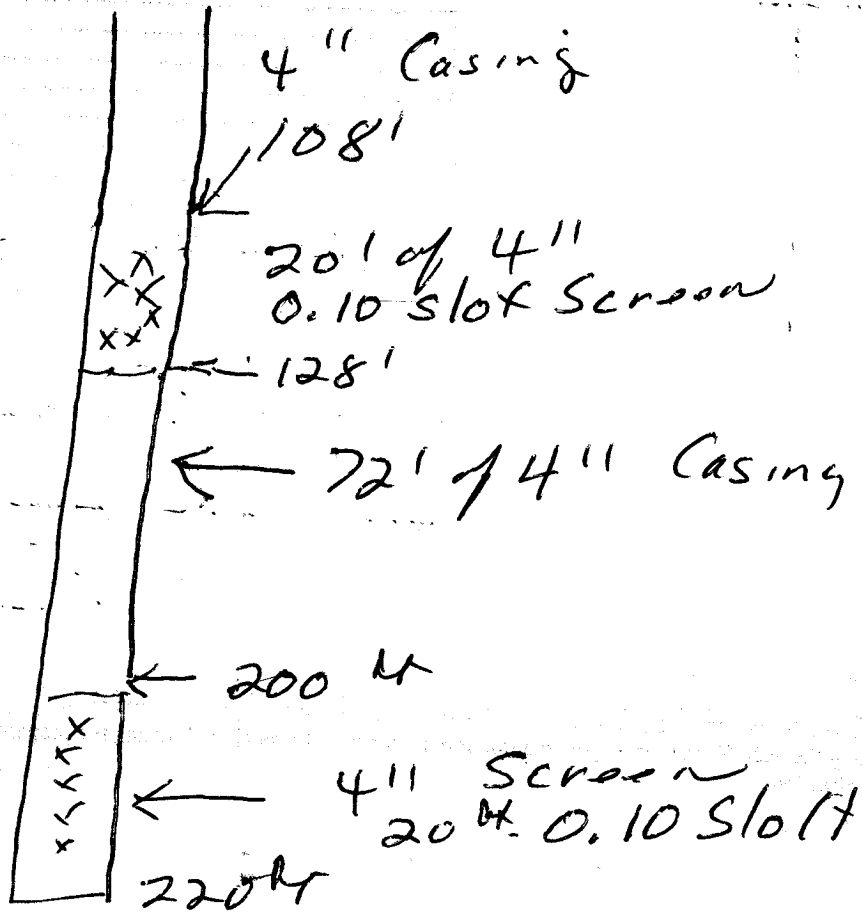
Name of organization running log(s): State logged # A-0012

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 Fricker Sr 0598
 Print Name of Water Well Contractor and License No.

Arnold Fricker Sr
 Signature of Water Well Contractor

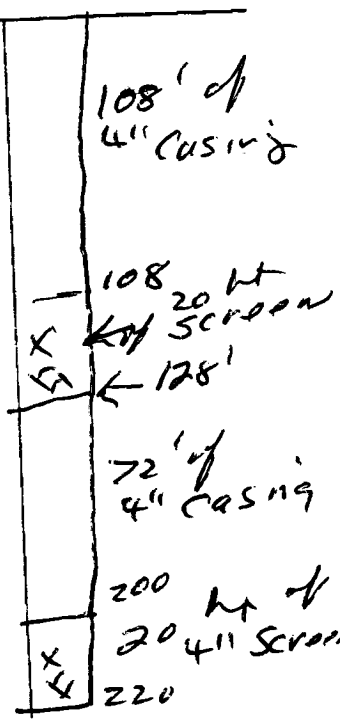
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If well telescopes please sketch below and show depths.

A-12

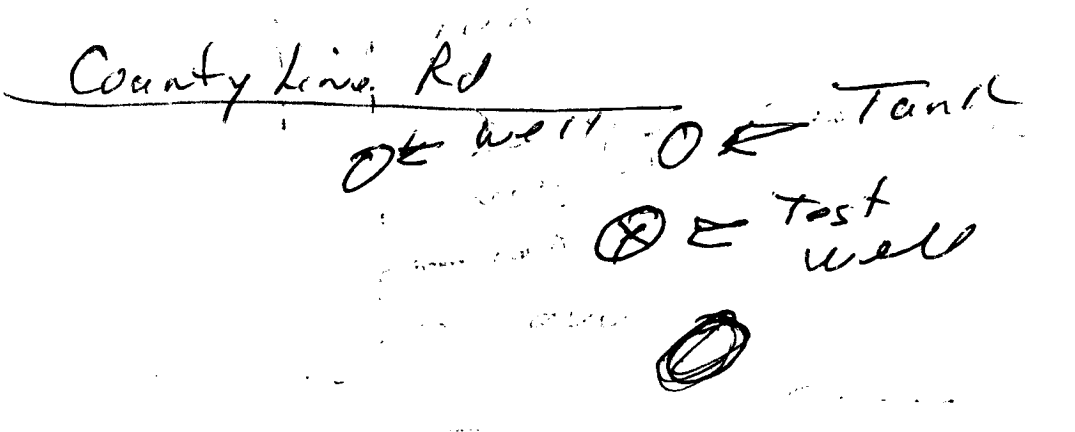
Ground Level



Description of Formations Encountered	From	To
sandy clay	0	25
clay	25	55
sand	55	70
clay	70	100
sand	100	130
clay	130	185
sand	185	225
clay	225	270

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: S.W. Rankin Water Assn

Arvid Jones Sr
Signature of Water Well Contractor

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