

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 #: J-90
L. S. Elevation: _____
E-Lot #: _____

County: SIMPSON
Permit #: MS-GW-15907
Driller: LAYNE-CENTRAL
Date Drilling Completed: 8/6/03

Layne Central Company

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>SIMPSON COUNTY ECO DEVELOPMENT</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>PO BOX 127</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey
<u>MENDENHALL, MS 39114</u>	USGS quad, Hand-Held GPS, Survey-grade GPS
City State Zip Code	<u>1/4 1/4 Sec 9 Twn 1N Rng 4E</u>
Telephone No. (<u>601</u>) <u>847-2375</u>	Distance Direction Nearest Town
	<u>3 Miles SOUTHWEST of MENDENHALL</u>

Well Data

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

Date well drilling started: 7/14/03 Date well drilling completed: 8/6/03

If flowing, method of flow regulation: Valve N/A Other (describe) -

Static Water Level: 140 feet above or below (circle one) land surface Date Measured: 8/16/04

Method of Measurement (circle one) steel tape electric tape air line Other: -

Hole depth: 490' Well depth: 433' Well grouted to a depth of 370 feet

Type of grout (circle one) Cement Bentonite Mix

Casing length: 365 feet Casing diameter: 12 inches Type of casing: STEEL, EPOXY COATED

Screen length: 40 feet Screen diameter: 8 inches Type of screen: STAINLESS

Screen slot size: 0.018 inches Setting depth: From 380 feet to 395 feet From 408 feet to 433 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: 312 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): LAYNE-CENTRAL, PENSACOLA, FL

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

LAYNE-CENTRAL

0-064

Ralph Hayes

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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AUG 30 2004

BY: OLWR

127
9-2-04

State Well Report

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<u>MENDENHALL, MS 39114</u>	USGS quad, Hand-Held GPS, Survey-grade GPS
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SPLIT SCREEN

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

LAYNE-CENTRAL 0-064
Print Name of Water Well Contractor and License No.

Ralph Hayes
Signature of Water Well Contractor

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BY: OLWR

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 #: J-90
 Elevation: _____

County: SIMPSON
 Permit #: MS-GW-15907
 Driller: LAYNE-CENTRAL
 Date Drilling Completed: 8/6/03

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>SIMPSON COUNTY ECO DEVELOPMENT</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>PO BOX 127</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>MENDENHALL, MS 39114</u>	USGS quad, Hand-Held GPS, Survey-grade GPS
City State Zip Code	<u>1/4 1/4 Sec 9 Twn 1N Rng 4E</u>
Telephone No. (<u>601</u>) <u>847-2375</u>	Distance Direction Nearest Town
	<u>3 Miles SOUTHWEST of MENDENHALL</u>

Pump Type Circle One	Power Type Circle One
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>8/16/04</u>	Setting Depth: <u>280</u> feet
Rated Pump Capacity <u>At 55 psi 295</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle One
Date Well Tested: <u>8/16/04</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>140</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>265</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>125</u> Feet Below Land Surface	Well yielded <u>295</u> GPM with a drawdown of
Test Pumping Rate: <u>295</u> Gallons Per Minute	<u>125</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.

Print Name of Pump Installer and License No. (if applicable) _____

Signature of Pump Installer _____

RECEIVED

MAR 03 2005

BY: OLWR