

State Well Report

For Office Use Only:

County: Simpson 127
 Permit #: 4th well
 Driller: Water Well Service
 Date drilling completed: 12-21-04

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)

Aquifer: _____
 Well #: JF 9592
 L. S. Elevation: _____
 E-log #: _____

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>Joe Magee</u>	Latitude: <u>31° 54' 52"</u>	Longitude: <u>89° 55' 10"</u>			
Mailing Address: <u>Hwy 43 South</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input checked="" type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS				
<u>Mendenhall, MS</u>	USGS quad, _____ Sec <u>20</u> Twn <u>1N</u> Rng <u>4E</u>				
City _____ State _____ Zip Code _____	Distance <u>3 1/2</u> Miles	Direction <u>South</u>	Nearest Town <u>Mendenhall</u>		
Telephone No. <u>601 847-1828</u>					

Well Data		
Purpose of Well (circle one): <input type="radio"/> Home <input type="radio"/> Industrial <input type="radio"/> Public Supply <input type="radio"/> Irrigation <input type="radio"/> Fish Culture <input checked="" type="radio"/> Other: <u>Chicken Houses</u>	Date well drilling started: <u>12-18-04</u>	
Date well drilling completed: <u>12-21-04</u>		
If flowing, method of flow regulation: Valve _____ Other (describe) _____	Date measured: <u>12-21-04</u>	
Static Water Level: <u>20</u> feet above or below (circle one) land surface		
Method of Measurement (circle one): <input type="radio"/> steel tape <input checked="" type="radio"/> Electric tape <input type="radio"/> air line <input type="radio"/> other: _____	Well grouted to a depth of: <u>25</u> feet	
Hole depth: <u>490</u> Well depth: <u>400</u>		
Type of grout (circle one): <input checked="" type="radio"/> Cement <input type="radio"/> Bentonite <input type="radio"/> Mix	Type of casing: <u>PUC</u>	
Casing length: <u>360</u> feet Casing diameter: <u>4</u> inches	Type of screen: <u>PUC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>4</u> inches	Setting depth: From <u>360</u> feet to <u>400</u> feet	
Screen slot size: <u>108</u> inches	Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> 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): <input type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____		

Name of organization running log(s): _____
 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.

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

Arnell Fincher Sr
 Signature of Water Well Contractor

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 BY OLRB

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-9892

Elevation: _____

County: Simpson
 Permit #: 4" well
 Driller: Water Well Service
 Date completed: 12-24-04

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>Joe Magee</u>	Latitude: <u>31 5452</u> Longitude: <u>089-55-10</u>
Mailing Address: <u> Hwy 43 South</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>Mendenhall, MS</u>	<input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City State Zip Code	<input type="radio"/> 1/4 <input type="radio"/> 1/2 Sec <u>20</u> Twn <u>1N</u> Rng <u>4E</u>
Telephone No. <u>(601) 847-1828</u>	Distance Direction Nearest Town
	<u>3 1/2</u> Miles <u>South</u> of <u>Mendenhall</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/>
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>12-24-04</u>	Setting Depth: <u>160</u> feet
Rated Pump Capacity: <u>90</u> Gallons Per Minute	Number of Stages: <u>16</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-24-04</u>	Air Line <input type="radio"/> <u>Electric Measuring Line</u> <input checked="" type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>70</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>110</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>40</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>60</u> Gallons Per Minute	
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 Frischer Sr 0598 Arnold Frischer Sr
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

JUN 20 2005
 3:02 PM