

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)961-3210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
Well #: J-98
L. S. Elevation: _____
E-log #: _____

County: Simpson
Permit #: _____
Driller: WATER WELL SERVICES
Date drilling completed: 5-18-07

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' 59"</u> Longitude: <u>89° 55' 14"</u>
Mailing Address: <u>925 Hwy 43 W</u>	Method of Lat/Long (circle one): Conventional Survey
<u>AM</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City: <u>Mendenhall MS</u> State: <u>MS</u> Zip Code: <u>39114</u>	<u>NE 1/4 NE 1/4 Sec 19 Twn 1N Rng 4E</u>
Telephone No. (601): <u>847-1828</u>	Distance: <u>6</u> Miles Direction: <u>SW</u> Nearest Town: <u>Mendenhall</u>

Well Data

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

Date well drilling started: 4-11-07 Date well drilling completed: 5-18-07

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

Static Water Level: 41' feet above or below (circle one) land surface Date measured: 5-15-07

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

Hole depth: 540' Well depth: 310' Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 290' feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 1.008 inches Setting depth: From 290' feet to 310' 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): D.E.Q. # J-0098

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.

WATER WELL SERVICES #0-560 _____
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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-98

Elevation: _____

County: SIMPSON
 Permit #: _____
 Driller: WATER WELL SERVICES
 Date completed: 5-20-07

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>315459 N</u> Longitude: <u>895514 W</u>
Mailing Address: <u>925 Hwy 43 N</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Mendon Hall ms. 39114</u>	<u>NE 1/4 NE 1/4 Sec 19 Twn 1N Rng 4E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (incl) <u>847-1828</u>	<u>5 Miles NW of Mendon Hall</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>5-20-07</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-20-07</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>41</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>56</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>15</u> Feet Below Land Surface	Well yielded <u>20</u> GPM with a drawdown of
Test Pumping Rate: <u>20</u> Gallons Per Minute	<u>15</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

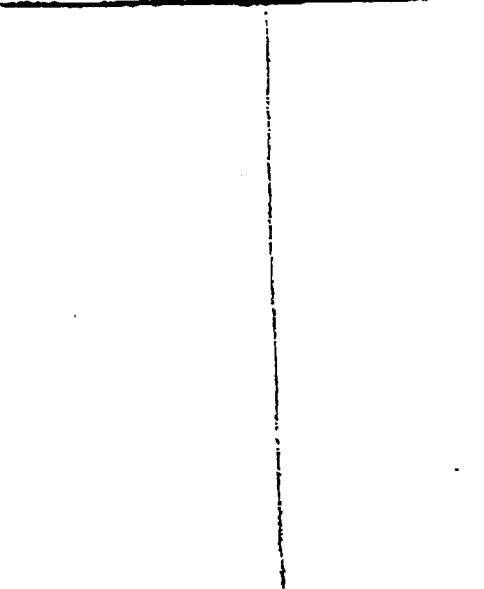
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

WATER WELL SERVICES #0-560 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

If well log/cores please sketch below and show depth.

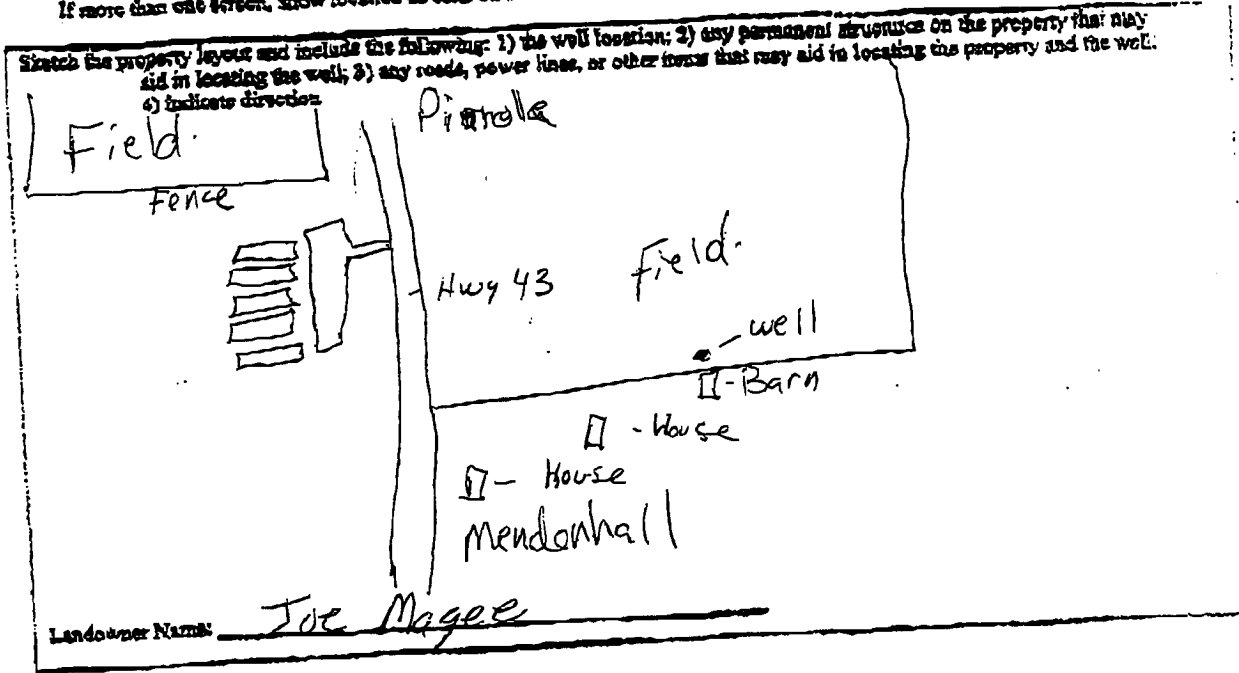
J98

Ground Level



Description of Formations Encountered	From	To
⑥ - Red sand	0	25
Sandy clay	25	195
Red sand	195	205
Gray clay	205	290
Red sand	290	360
Gray clay	360	440
Gray clay	440	-

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



[Signature]
Signature of Water Well Contractor