

### 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)

County: SIMPSON  
 Permit #: \_\_\_\_\_  
 Driller: Will Barlow  
 Date drilling completed: 8-15-07

For Office Use Only:  
 Aquifer: J99  
 Well #: \_\_\_\_\_  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

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>Jack D. Guinn</u>	Latitude: <u>31° 57' 12" N</u> Longitude: <u>89° 56' 13" W</u>
Mailing Address: <u>1499 Jupiter Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Buxton, MS 39044</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SW 1/4 N 1/4 Sec 6 Twn 1N Rng 4E</u>
Telephone No. <u>601 847-4066</u>	Distance Direction Nearest Town
	<u>4</u> Miles <u>W</u> of <u>DLO</u>

**Well Data**

Purpose of Well (circle one)  Farm  Industrial  Public Supply  Irrigation  Fish Culture  Other: Poultry Farm

Date well drilling started: 8-5-07 Date well drilling completed: 8-15-07

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

Static Water Level: 70 feet above or below (circle one) land surface Date measured: 8-13-07

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

Hole depth: 420 Well depth: 400' Well grouted to a depth of 10 feet

Type of grout (circle one):  Cement  Bentonite  Mix

Casing length: 380 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 380 feet to 400 feet

Type of completion (circle all applicable):  Gravel packed  Underreamed  Telescoped  Open hole  Natural Development

Other (describe): \_\_\_\_\_

Top of log 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): DEQ J-99

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 Fincher Jr 0-560 [Signature]  
 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: J99  
 Well #: \_\_\_\_\_  
 Elevation: \_\_\_\_\_

County: Simpson  
 Permit #: \_\_\_\_\_  
 Driller: Will Barlow  
 Date completed: 8-15-07

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>Jack D. Guinn</u>	Latitude: <u>315712N</u> Longitude: <u>89563W</u>
Mailing Address: <u>1499 Jupiter Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Braxton, MS 39044</u>	<u>SW 1/4 NW 1/4 Sec 6 Twn 1N Rng 4E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (601) <u>847-4066</u>	<u>4</u> Miles <u>W</u> of <u>D'LO</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>1.5</u>
Date Pump Installed: <u>8-14-07</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>20</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-14-07</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>70</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>90</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>20</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>20</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.  
Arnold Finler Jr 0-560  
 Print Name of Pump Installer and License No. (if applicable) [Signature]  
 Signature of Pump Installer