

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 #: Q-50

L. S. Elevation: _____

E-log #: _____

County: Simpson
Permit #: 4" well
Driller: Water Well Service
Date drilling completed: 1-6-05

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>David Magee</u>	Latitude: <u>31° 51' 50"</u>	Longitude: <u>89° 44' 17"</u>	
Mailing Address: <u>176 Paul Brewer Rd</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS		
<u>Magee Ms 39211</u>	<u>1/4</u>	<u>1/4</u> Sec <u>5</u>	Twn <u>10N</u> Rng <u>17W</u>
Telephone No: <u>601 849-2852</u>	Distance <u>2</u> Miles	Direction <u>West</u>	Nearest Town <u>Magee</u>

Well Data

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

Date well drilling started: 1-4-05 Date well drilling completed: 1-6-05

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

Static Water Level: 10' feet above or below (circle one) land surface Date measured: 1-5-05

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

Hole depth: 80 Well depth: 75 Well grouted to a depth of: 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 55 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .08 inches Setting depth: From 55 feet to 75 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): _____

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

Arnold Fincher Sr
Signature of Water Well Contractor

JAN 20 2005
BY OUNP

If well telescopes please sketch below and show depths.

Ground Level

Q-50

Description of Formations Encountered	From	To
Surface Clay	0	5
Sand clay	5	75
	75	80

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: David Mager

RECEIVED
 JUN 2008
 BY: OLWA

 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 #: 22 Q50

Elevation: _____

County: Simpson

Permit #: 4" well

Driller: Waterwell Service

Date completed: 1-6-05

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>David Magee</u>	Latitude: <u>31-50-50 N</u> Longitude: <u>089-44-17 W</u>
Mailing Address: <u>176 Paul Brewer Rd</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Magee, MS 39211</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>5</u> Twn <u>10N</u> Rng <u>12W</u>
Telephone No. <u>(64) 849-2852</u>	Distance Direction Nearest Town:
	<u>2</u> Miles <u>West</u> of <u>Magee</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 1/2</u>
Date Pump Installed: <u>1-6-05</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>25</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-6-05</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>10</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>40</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>30</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>35</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 Fincher Sr 0598 Arnold Fincher Sr
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer