

County: Smith  
 Permit #: \_\_\_\_\_  
 Driller: Water Well Service  
 Date drilling completed: 9-21-04

**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 #: D-22  
 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>Michael Harris</u>	Latitude: <u>32.10.12</u> Longitude: <u>89.21.27</u>
Mailing Address: <u>1805 SCR 517</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Louin MS</u> City State Zip Code	<u>22</u> <u>4N</u> <u>9E</u> 1/4 1/4 Sec Twn Rng
Telephone No. ( <u>601</u> ) <u>697-0452</u>	Distance Direction Nearest Town Miles of

**Well Data**

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

Date well drilling started: 7-1-04 Date well drilling completed: 9-21-04

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

Static Water Level: 76 feet above or below (circle one) land surface Date measured: 9-23-04

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

Hole depth: 480 Well depth: 450 Well grouted to a depth of 30 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 450 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 0.08 inches Setting depth: From 450 feet to 470 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): State

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.

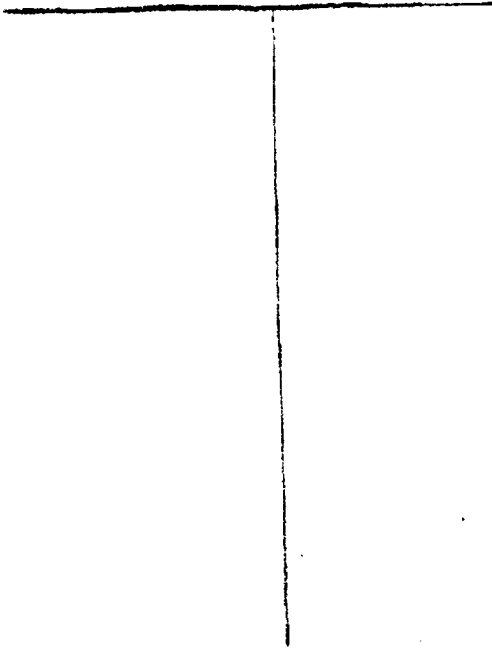
Arnold Fincher SV 0598 Arnold Fincher  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

D-22

Ground Level



Description of Formations Encountered

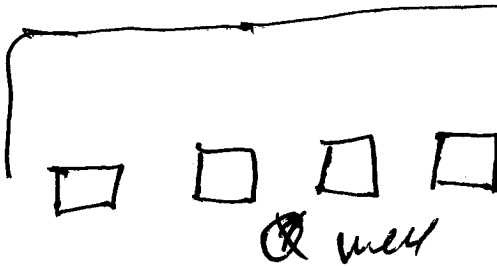
From To

Yazoo clay	0	275
sand & clay	275	300
sand	300	470
clay	470	480

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.

1805 SCR-517



Landowner Name: MICHELLE HAWIS

Amy Gardner SV

Signature of Water Well Contractor

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# 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)

County: Smith  
 Permit #: \_\_\_\_\_  
 Driller: Water Well Service  
 Date completed: 9-24-06

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: D-22  
 Elevation: \_\_\_\_\_

**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>Michel Harris</u>	Latitude: <u>32-10-12</u> Longitude: <u>89-21-27</u>
Mailing Address: <u>1805 CLR 517</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Louis, MS</u>	_____ 1/4 _____ 1/4 Sec <u>22</u> Twn <u>40</u> Rng <u>9E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 697 0452</u>	_____ Miles _____ of _____

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>5 HP</u>
Date Pump Installed: <u>9-24-06</u>	Setting Depth: <u>260</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-24-06</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>96</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>130</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>54</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 Fincher 0598 Arnold Fincher  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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