

Feb 17 05 02:19p

p. 1

County: TIPPAAH 139  
 Permit #: \_\_\_\_\_  
 Driller: Medlin  
 Date drilling completed: 1-12-05

### 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 #: H-19  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

*Medlin Well Company*

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>Samuel BRIDGFORTH</u>	Latitude: <u>NA</u>	Longitude: <u>NA</u>	
Mailing Address: <u>41 CR 804</u>	Method of Lat/Long (circle one): Conventional Survey, <input checked="" type="checkbox"/> USGS quad, Hand-held GPS, Survey-grade GPS		
<u>Blue MtW MS 38610</u>	• 1/4 Sec. <u>35</u> Twn <u>45</u> Rng <u>2E</u>		
City State Zip Code	Distance <u>2 3/4</u> Miles	Direction <u>N.W.</u>	Nearest Town <u>Blue MtW.</u>
Telephone No. <u>901 219 8847</u>			

#### Well Data

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

Date well drilling started: 1-4-05 Date well drilling completed: 1-12-05

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

Static Water Level: 120 feet above or below (circle one) land surface Date measured: 1-11-05

Method of Measurement (circle one) steel tape electric tape air line other: NYLON CORD & WEIGHT

Hole depth: 445 Well depth: 445 Well grouted to a depth of 16 feet

Type of grout (circle one): Cement Bentonite  Mix

Casing length: 300 feet Casing diameter: 4 inches Type of casing: P.V.C

Screen length: 60 feet Screen diameter: 2 inches Type of screen: P.V.C

Screen slot size: 0.13 inches Setting depth: From 385 feet to 445 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development  
 Other (describe): 4/6 formation Parker 300'  
2 1/2 " 345

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.

MEDLIN WELL 0429  
Print Name of Water Well Contractor and License No.

Jamas R. Medlin  
Signature of Water Well Contractor

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FFR 17 2005

BY: OLWR



FEB-17-05 14:30 FROM-LAND & WATER

601-354-6030

T-053 P.03

F-030

### 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: TIPPANH  
 Permit #: \_\_\_\_\_  
 Driller: MEDLIN  
 Date completed: 1-12-05  
 Cont. Information from Mark on Part 1

For Office Use Only  
 Aquifer: \_\_\_\_\_  
 Well #: H-19  
 Elevation: \_\_\_\_\_

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 90 days of well completion.

Well Owner Information

Owner Name: Samuel BRIDGforth Well Location: NA  
 Latitude: NA Longitude: NA  
 Mailing Address: 41 CR 800  
Blue mtn ms  
38610  
 City State Zip Code  
 Telephone No: 1-901, 219 8847

Method of Lat/Long (check one): Conventional Survey \_\_\_\_\_  
 USGS quad \_\_\_\_\_ Hand-held GPS \_\_\_\_\_ Survey-grade GPS \_\_\_\_\_  
 \_\_\_\_\_ 1/4 Sec 35 T4S R2E

Distance Direction Nearest Town  
2 3/4 Miles N.W. of Blue mtn

Pump Type Circle one

Air Lift  Jet  Submersible  
 Suction  Plunger  Turbine  
 Centrifugal  Rotary  Flowing Well  
 Other (specify): \_\_\_\_\_

Date Pump Installed: 1-10-05

Rated Pump Capacity: 12 Gallons Per Minute

Power Type Circle one

Diesel Engine  Gasoline Engine  Natural Gas   
 Electric Motor  Hand  Tractor PTO   
 Windmill  Other (specify): \_\_\_\_\_

Horse Power Rating of Motor: 1 hp

Setting Depth: 160 feet

Number of Stages: 10

Pump Test Data

Date Well Tested: 1-10-05

Static Water Level (A): 120 Feet Below Land Surface  
 Pumping Water Level (B): 117 Feet Below Land Surface  
 Drawdown ((B)-(A)): 3 Feet Below Land Surface  
 Test Pumping Rate: 12 Gallons Per Minute  
 Duration of Pump Test (minimum 4 hours): 6 hours

Method of Measuring Water Level Circle one

Air Line  Electric Measuring Line  Steel Tape   
 Other (specify): Nylon cord & weight

For flowing well, measured shut in head: \_\_\_\_\_ feet  
 Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet for \_\_\_\_\_ hours of pumping

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

JAMES MEDLIN 0-429 James P. Medlin  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 FEB 22 2005  
 BY: OLWR