

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 #: M-20
L. S. Elevation: _____
E-log #: _____

County: TIPPAH
Permit #: _____
Driller: R MEDLIN
Date drilling completed: 12-8-05

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>Roland Ross</u> <u>% Freedom Homes</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>? CR 802</u> <u>802</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>Blue Mt MS 38610</u> City State Zip Code	<u>1/4 1/4 Sec 22 Twn 4-S Rng 2-E</u>
Telephone No. <u>(601) 526-9200</u>	Distance: <u>3 1/2</u> Miles Direction: <u>N-W</u> of Nearest Town: <u>Blue Mt</u>

Well Data

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

Date well drilling started: 11-22-05 Date well drilling completed: 12-8-05

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 12-7-05

Method of Measurement (circle one): steel tape electric tape air line other: Nylon Cord, Weight

Hole depth: 480 Well depth: 480 Well grouted to a depth of 18 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 320 feet Casing diameter: 4 inches Type of casing: EH 40 P.V.C

Screen length: _____ feet Screen diameter: _____ inches Type of screen: _____

Screen slot size: _____ inches Setting depth: From _____ feet to _____ 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.

Roarie MEDLIN 0.429
Print Name of Water Well Contractor and License No.

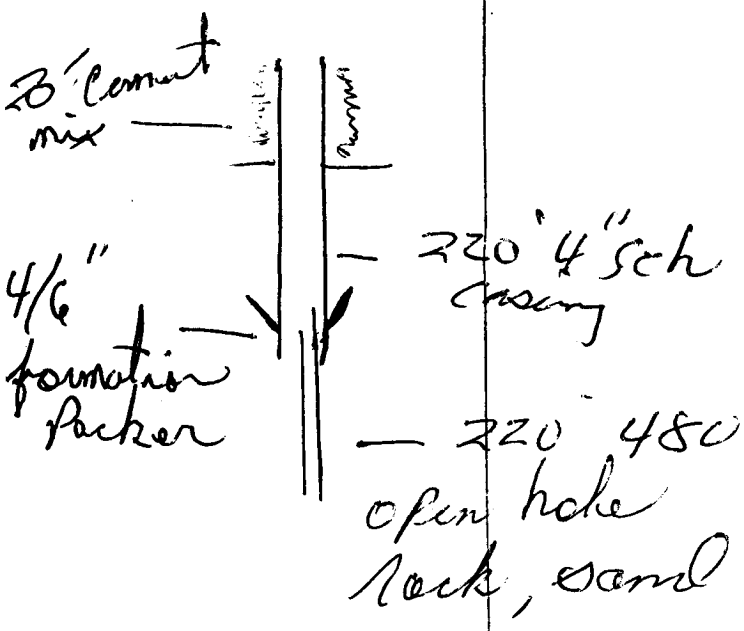
Ronnie Medlin
Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

M-20

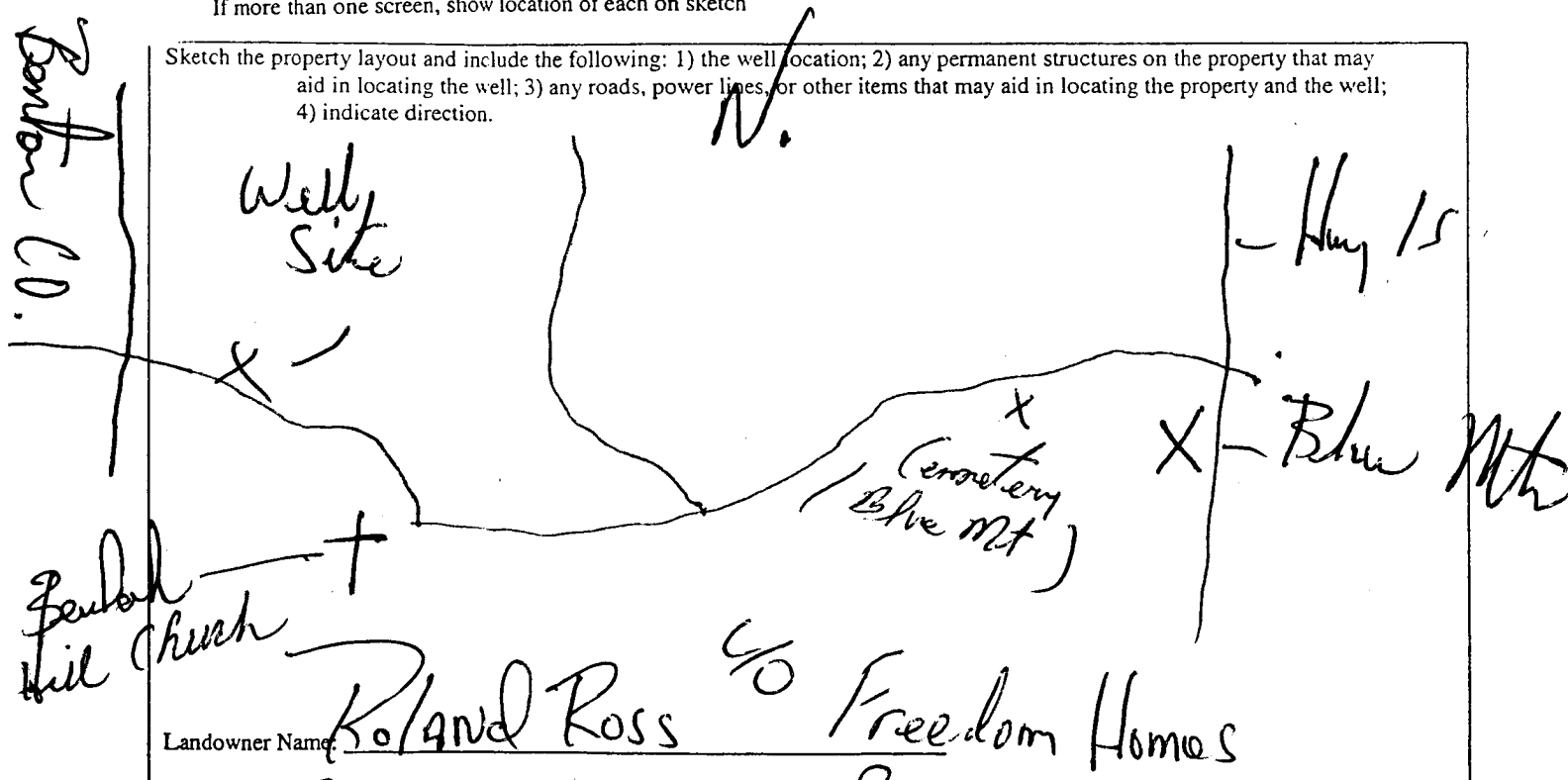
Ground Level



Description of Formations Encountered	From	To
Sand, top Soil	0	100
White Clay	100	130
Blue Clay, Rock	130	
Blue Clay, Soft		
Medium	130	320
Red clay Mix	320	400
Water sand	400	480
aquifer		

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

Roland Ross 40 Freedom Homes
Como, MS

Jennie Muth 0-429
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)

For Office Use Only:

Aquifer: _____
 Well #: H-20
 Elevation: _____

County: Tippah
 Permit #: _____
 Driller: R Medlin
 Date completed: 12-8-05

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

<p style="text-align: center;">Well Owner Information</p> <p>Owner Name: <u>Roland Ross</u> <u>Freedom Homes</u> Mailing Address: _____ <u>CR 802</u> <u>Blue Mt W MS 38610</u> City State Zip Code <u>Freedom Homes 662-526-9200</u> Telephone No. _____</p>	<p style="text-align: center;">Well Location</p> <p>Latitude: <u>NA</u> Longitude: <u>NA</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>22</u> Twp <u>H, S</u> Rng <u>2-E</u> Distance Direction Nearest Town <u>3 1/4</u> Miles <u>N.W.</u> of <u>Blue Mt W</u></p>
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<p style="text-align: center;">Pump Type Circle one</p> <p>Air Lift <input checked="" type="radio"/> Jet <input type="radio"/> Submersible Bucket <input type="radio"/> Piston <input type="radio"/> Turbine Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well Other (specify): _____ Date Pump Installed: <u>12-7-05</u> Rated Pump Capacity: <u>8</u> Gallons Per Minute</p>	<p style="text-align: center;">Power Type Circle one</p> <p>Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO Windmill <input type="radio"/> Other (specify): _____ Horse Power Rating of Motor: <u>1</u> Setting Depth: <u>100</u> feet Number of Stages: <u>2</u></p>
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<p style="text-align: center;">Pump Test Data</p> <p>Date Well Tested: <u>12-7-05</u> Static Water Level (A): <u>60</u> Feet <input checked="" type="checkbox"/> Below Land Surface Pumping Water Level (B): <u>63</u> Feet <input checked="" type="checkbox"/> Below Land Surface Drawdown [(B) - (A)]: <u>3</u> Feet <input checked="" type="checkbox"/> Below Land Surface Test Pumping Rate: <u>8</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>9</u> hours</p>	<p style="text-align: center;">Method of Measuring Water Level Circle one</p> <p>Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <input checked="" type="checkbox"/> Steel Tape Other (specify): <u>Nylon Cord, weight</u> For flowing well, measured shut in head: _____ feet Well yielded <u>8</u> GPM with a drawdown of <u>3</u> feet after <u>9</u> hours of pumping</p>
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

R.A. RONNIE MEDLIN 0429 Ronnie Medlin
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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