

Amite

County: Amite
 Permit #: 0-586
 Driller: JAMES WELLS
 Date drilling completed: 3-16-10

State Well Report
Part 1 - Driller's Log

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961- 5210
 (601)961- 5228 (fax)

For Office Use Only:
 Aquifer: R 76
 Well #: _____
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Jessi Madeline</u>	Latitude: <u>31.01.56</u> Longitude: <u>90.54.50</u>
Mailing Address: <u>1585 N Y 569 S. Liberty Ms. 39645</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NE</u> 1/4 <u>SW</u> 1/4 Sec <u>32</u> Twn <u>14</u> Rng <u>3E</u>
Telephone No. (<u>601</u>) <u>657-8409</u>	Distance <u>8</u> Miles Direction <u>S</u> of Nearest Town <u>Liberty</u>

Well / Borehole Data

Date drilling started: 3-16-10 Date drilling completed: 3-16-10 Hole depth: 150 Hole diameter: 7

Location of the source of any surface water used for drilling: Creek
 Method of dosing and volume of Chlorine used in drilling and development: 2 lb Shock

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump
 Seismic Survey Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

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

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

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 3-16-10

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

Well depth: 150 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 130 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .008 inches Setting depth: From 130 feet to 150 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 next page*

Form: OLWR-SWR-1A (04/08)

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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: Ornith
Permit #: _____
Driller: JAMES WELLS
Date completed: 3-16-10

For Office Use Only:
Aquifer: R 76
Well #: _____
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
Owner Name: Jessie Madeline
Mailing Address: 1585 Hwy 5695
Liberty MS.
City: _____ State: _____ Zip Code: 39645
Telephone No.: 601 657 8409

Well Location
Latitude: _____ Longitude: _____
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS, Survey-grade GPS.
_____ 1/4 Sec 32 Twn 14 Rng 3E
Distance _____ Direction _____ Nearest Town _____
8 Miles S of Liberty MS

Pump Type
Circle one
Air Lift _____ Jet Submersible _____
Bucket _____ Piston _____ Turbine _____
Centrifugal _____ Rotary _____ Flowing Well _____
Other (specify): _____
Date Pump Installed: _____
Rated Pump Capacity: 15 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 / 00 feet
Setting Depth: _____
Number of Stages: 14

Pump Test Data
Date Well Tested: 3-16-10
Static Water Level (A): 86 Feet Below Land Surface
Pumping Water Level (B): 100 Feet Below Land Surface
Drawdown (B) - (A): 90 Feet Below Land Surface
Test Pumping Rate: 15 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level
Circle one
Air Line _____ Electric Measuring Line _____ Steel Tape _____
Other (specify): _____
For flowing well, measured shut in head: _____ feet
Well yielded 15 GPM with a drawdown of
80 feet after 4 hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
JAMES WELLS 0-586
Print Name of Pump Installer and License No. (if applicable)
James Wells
Signature of Pump Installer