

County: IA Mite
 Permit #: 0-586
 Driller: JAMES WELLS
 Date drilling completed: 8-14-12

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: _____
 Well #: R84
 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) Owner Name: <u>Eddie Perkins</u> Mailing Address: <u>1394 Homer Rd</u> <u>Cantonville, MS</u> <u>39631</u> City State Zip Code Telephone No. (<u>225</u>) <u>683 8715</u>		Well or Borehole Location Latitude: <u>31.31.784</u> Longitude: <u>90.56.771</u> Method of Lat/Long (circle one): Conventional Survey, <u>USGS quad, Hand-held GPS, Survey-grade GPS</u> NW 1/4 SW 1/4 Sec <u>45</u> Twn <u>1N</u> Rng <u>2E</u> <u>3E</u> Distance Direction Nearest Town <u>15</u> Miles <u>SW</u> of <u>Liberty</u>
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Well / Borehole Data

Date drilling started: 8-14-12 Date drilling completed: 8-18-12 Hole depth: 120 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: Shock 2lb

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: 100 feet above or below (circle one) land surface Date measured: 8-14-12

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

Well depth: 120 Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 100 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 100 feet to 120 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: Amite
Permit #: _____
Driller: JAMES WELLS
Date completed: 8-14-12

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

For Office Use Only:
Aquifer: _____
Well #: R84
Revisions: _____

Well Location
Latitude: 31-31 78 44 Longitude: 90-56-14
Method of Lat/Long (circle one): Conventional Survey
USGS quad, Hand-held GPS, Survey-grade GPS
% 45 1/4 Sec 17 Rng 2E 3E
Distance 15 Miles SW of Lumbago Nearest Town
City: _____ State: _____ Zip Code: 39631
Telephone No.: 225 683 8715

Well Owner Information
Owner Name: Edlin Parris
Mailing Address: 1394 Turner Rd
Canton, MS
City State Zip Code: 39631
Telephone No.: 225 683 8715

Pump Type
Circle one
Submersible Turbine Piston Rotary Centrifugal
Air Lift Bucket Other (specify): _____

Date Pump Installed: 8-14-12
Rated Pump Capacity: 15 Gallons Per Minute

Power Type
Circle one
Diesel Engine Gasoline Engine Natural Gas Tractor PTO
Electric Motor Hand
Windmill Other (specify): _____

Horse Power Rating of Motor: 1
Setting Depth: 150 feet
Number of Stages: 14

Pump Test Data
Date Well Tested: 8-14-12
Static Water Level (A): 60 Feet Below Land Surface
Pumping Water Level (B): 700 Feet Below Land Surface
Drawdown (B) - (A): 75 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 Lairs Steel Tape Other (specify): _____

For flowing well, measured shut in head: _____ feet
Well yielded 60 feet after 4 hours of pumping
Well yielded 15 GPM with a drawdown of _____ feet

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

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