

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 #: U-94
L. S. Elevation: _____
E-log #: _____

County: Anite
Permit #: _____
Driller: JAMES WELLS
Date drilling completed: 3-6-08

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>Katie Collymore</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>5963 Hwy 568</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Magalia MS 39652</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>1/4</u> <u>1/4</u> Sec <u>5</u> Twn <u>1N</u> Rng <u>6E</u>
Telephone No. () _____	Distance <u>8</u> Miles Direction <u>West</u> of Nearest Town <u>Magalia</u>
Well Data	
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____	
Date well drilling started: <u>3-6-08</u> Date well drilling completed: <u>3-6-08</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>50</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>3-6-08</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Hole depth: <u>130</u> Well depth: <u>130</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix	
Casing length: <u>110</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>008</u> inches Setting depth: From <u>110</u> feet to <u>130</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> 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): <u>No log run</u> 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.	
<u>JAMES WELLS</u> <u>0-586</u>	<u>James Wells</u>
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.

Description of Formations Encountered

	From	To
1	100	100
2	100	100
3	100	100
4	100	100
5	100	100
6	100	100
7	100	100
8	100	100
9	100	100
10	100	100
11	100	100
12	100	100
13	100	100
14	100	100
15	100	100
16	100	100
17	100	100
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91	100	100
92	100	100
93	100	100
94	100	100
95	100	100
96	100	100
97	100	100
98	100	100
99	100	100
100	100	100

[illegible]

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:

Katie Collymore

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 #: U-94

Elevation:

County: Unite

Permit #:

Driller: JAMES WELLS

Date completed: 3-6-08

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: Katie Collymore

Mailing Address: 5963 Hwy 568

Magnolia MS

39652

City

State

Zip Code

Telephone No. (601) 783 2461

Well Location

Latitude:

Longitude:

Method of Lat/Long (circle one): Conventional Survey,

USGS quad, Hand-held GPS, Survey-grade GPS

1/4 1/4 Sec 5 Twn 1N Rng 6E

Distance

Direction

Nearest Town

8 Miles West of Magnolia

Pump Type Circle one

Air Lift

Jet

Submersible

Bucket

Piston

Turbine

Centrifugal

Rotary

Flowing Well

Other (specify):

Date Pump Installed: 3-6-08

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

Setting Depth: 100 feet

Number of Stages: 14

Pump Test Data

Date Well Tested: 3-6-08

Static Water Level (A): 50 Feet Below Land Surface

Pumping Water Level (B): 100 Feet Below Land Surface

Drawdown [(B) - (A)]: 50 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

110 feet after 130 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

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