

County: Amite  
 Permit #: 0-586  
 Driller: JAMES WELLS  
 Date drilling completed: 7-21-10

**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: U 112  
 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.*

<p><b>Information on Well Owner</b>  <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Kato Collymore</u>        Mailing Address: <u>410 N. Court Ave</u>  <u>Magnolia MS</u>        City State Zip Code        Telephone No. <u>(601) 783 2461</u> <u>39652</u></p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>31° 09' 46"</u> Longitude: <u>90° 37' 29"</u>        Method of Lat/Long (circle one): Conventional Survey,        USGS quad, Hand-held GPS, Survey-grade GPS  <u>NE SW</u> ¼ Sec <u>5</u> Twn <u>14</u> Rng <u>6E</u>        Distance <u>2</u> Miles <u>SW</u> Direction of <u>Magnolia</u> Nearest Town</p>
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**Well / Borehole Data**

Date drilling started: 2-21-10 Date drilling completed: 2-21-10 Hole depth: 100 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 M 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: 50 feet above or below (circle one) land surface Date measured: 7-21-10

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

Well depth: 100 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 80 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 80 feet to 100 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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 BY: OLWR



# 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: WATKINS  
 Permit #: 0010  
 Driller: JAMES WELLS  
 Date completed: 7-21-10

For Office Use Only:  
 Aquifer: U112  
 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: Kate Collins  
 Mailing Address: 410 N Clark Ave  
Mayfield Ms Zip Code 39652  
 City State Zip Code  
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 14 Rng 6E  
 Distance Direction Nearest Town  
8 Miles SW of Mayfield

### Pump Type

Circle one  
 Air Lift Jet Submersible  
 Bucket Piston Turbine  
 Centrifugal Rotary Flowing Well  
 Other (specify): \_\_\_\_\_  
 Date Pump Installed: 7-21-10  
 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: 80 feet  
 Number of Stages: 14

### Pump Test Data

Date Well Tested: 7-21-10  
 Static Water Level (A): 50 Feet Below Land Surface  
 Pumping Water Level (B): 80 Feet Below Land Surface  
 Drawdown (B) - (A): 60 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): \_\_\_\_\_  
 Per flowing well, measured shut in head: \_\_\_\_\_ feet  
 Well yielded 15 GPM with a drawdown of  
50 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

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AUG 12 2010

BY:OLWR