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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)954-8938 (fax)~~
601-360-0555

For Office Use Only:

Aquifer: 049
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Clarke
Permit #: _____
Driller: Cain
Date drilling completed: 12-21-10

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>George Sellers</u>	Latitude: <u>31° 96' 85"</u> Longitude: <u>88° 70' 45"</u>
Mailing Address: <u>218 Woodlyn Dr</u>	Method of Lat/Long (circle one): <u>SI</u> Conventional Survey.
<u>Quitman Ms 39355</u>	USGS quad: <u>(Hand-held GPS)</u> Survey made <u>GF</u>
City State Zip Code	<u>S 1/4 E 1/4 Sec 36</u> Twp <u>3N</u> Rng <u>7W</u>
Telephone No. <u>(601) 774-3207</u>	Distance Direction Nearest Town <u>5</u> Miles <u>South</u> of <u>Quitman Ms</u>

Well Data

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

Date well drilling started: 12-21-10 Date well drilling completed: 12-21-10

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

Static Water Level: 15' feet above or below (circle one) land surface Date measured: 12-21-10

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

Hole depth: 40 Well depth: 40 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 30 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: #10 inches Setting depth: From 30 feet to 40 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.

Nelson Cain 0-374
Print Name of Water Well Contractor and License No.

Nelson Cain
Signature of Water Well Contractor

MAR 23 2011

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)

For Office Use Only:	
Aquifer: _____	_____
Well #: _____	_____
Elevation: _____	_____

County: <u>Clarke</u>	_____
Permit #: _____	_____
Driller: <u>Cain</u>	_____
Date completed: <u>R21-10</u>	_____

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>George Sellers</u></p> <p>Mailing Address: <u>218 Woodlawn Dr</u></p> <p style="text-align: center;"><u>Quitman</u> <u>Ms</u> <u>39355</u></p> <p style="text-align: center;">City State Zip Code</p> <p>Telephone No. <u>(601) 774-3207</u></p>	<p style="text-align: center;">Well Location</p> <p>Latitude: <u>31° 9' 85"</u> Longitude: <u>88° 7' 045"</u></p> <p>Method of Lat/Long (circle one): Conventional Survey,</p> <p style="text-align: center;">USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS</p> <p>Distance Direction Nearest Town</p> <p><u>5</u> Miles <u>South</u> of <u>Quitman Ms</u></p>
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<p style="text-align: center;">Pump Type Circle one</p> <p>Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible</p> <p>Bucket <input type="radio"/> Piston <input type="radio"/> Turbine</p> <p>Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well</p> <p>Other (specify): _____</p> <p>Date Pump Installed: <u>12-21-10</u></p> <p>Rated Pump Capacity: <u>7</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</p> <p><u>Electric Motor</u> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO</p> <p>Windmill <input type="radio"/> Other (specify): _____</p> <p>Horse Power Rating of Motor: <u>1</u></p> <p>Setting Depth: <u>30'</u> feet</p> <p>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>12-21-10</u></p> <p>Static Water Level (A): <u>30</u> Feet Below Land Surface</p> <p>Pumping Water Level (B): _____ Feet Below Land Surface</p> <p>Drawdown [(B) - (A)]: _____ Feet Below Land Surface</p> <p>Test Pumping Rate: <u>6</u> Gallons Per Minute</p> <p>Duration of Pump Test (minimum 4 hours): <u>4</u> hours</p>	<p style="text-align: center;">Method of Measuring Water Level Circle one</p> <p>Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> <u>Steel Tape</u> <input checked="" type="radio"/></p> <p>Other (specify): _____</p> <p>For flowing well, measured shut in head: _____ feet</p> <p>Well yielded <u>6</u> GPM with a drawdown of _____ feet after <u>4</u> hours of pumping</p>
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Nelson Cain 0-374 Nelson Cain

Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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MAR 23 2011

BY: OLWR