

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 #: A-26 31
 L. S. Elevation: _____
 E-log #: _____

County: Cornington
 Permit #: _____
 Driller: James Wells
 Date drilling completed: 10-29-04

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>R.D. Womack</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>432 Ole Hwy 49 N.</u> <u>mt Olive, MS</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: <u>39119</u> Zip Code: _____	<u>N 1/4 NE 1/4 Sec 2 Twn 17W Rng 9N</u>
Telephone No. <u>(601) 797-9849</u>	Distance: _____ Miles Direction: <u>North</u> of Nearest Town: <u>Mount Olive</u>
Well Data	
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____	
Date well drilling started: <u>10-29-04</u> Date well drilling completed: <u>10-29-04</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>50</u> feet above or below (circle one) land surface Date measured: _____	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Hole depth: <u>95</u> Well depth: <u>95</u> Well grouted to a depth of <u>16</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix	
Casing length: <u>75</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>75</u> feet to <u>95</u> 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): <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> 0586	<u>James Wells</u>
Print Name of Water Well Contractor and License No.	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 #: A-26

Elevation: _____

County: Covington
 Permit #: _____
 Driller: James Wells
 Date completed: 10-29-04

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	Well Location
Owner Name: <u>R.D. Womart</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>43206 NY 494</u> <u>Mt. Olive MS</u> <u>39119</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>N 1/4 NE 1/4 Sec 2 Twn 17 Rng 9</u>
Telephone No. (<u>601</u>) <u>797 9849</u>	Distance _____ Direction _____ Nearest Town _____ <u>1 Miles north of Mt. Olive</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>10-29-04</u>	Setting Depth: _____ feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>14</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-29-04</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>50</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>90</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>50</u> Feet Below Land Surface	Well yielded <u>30</u> GPM with a drawdown of <u>50</u> feet after <u>4</u> hours of pumping
Test Pumping Rate: <u>30</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

JAMES WELLS 0586 James Wells
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer