

#2

# State Well Report Part I

For Office Use Only:

County: Covington  
 Permit #:  
 Driller: Ray W. West Drilling  
 Date drilling completed: 1-29-07

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)

Aquifer:  
 Well #: A-35  
 L. S. Elevation:  
 E-log #:

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>Stanley Williams</u>	Latitude: <u>31° 43' 00"</u> Longitude: <u>89° 42' 00"</u>
Mailing Address: <u>69 Mimosa Lane</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>MT Olive</u> <u>MS</u> <u>39119</u>	<u>NW 1/4 NW 1/4 Sec 27</u> <u>Twn 9N</u> <u>Rng 17W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 797-3391</u>	<u>4</u> Miles <u>SW</u> of <u>MT Olive</u>

**Well Data**

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

Date well drilling started: 1-29-07 Date well drilling completed: 1-29-07

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

Static Water Level: 104 feet above or below (circle one) land surface Date measured: 1-29-07

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

Hole depth: 250 Well depth: 250 Well grouted to a depth of 10 feet

Type of grout (circle one):  Cement Bentonite Mix

Casing length: 230 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC slotted

Screen slot size: .010 inches Setting depth: From 230 feet to 250 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.

David A. West 0-672  
 Print Name of Water Well Contractor and License No.

David A. West  
 Signature of Water Well Contractor

RECEIVED  
 FEB 26 2007  
 BY: OLWR



#12

# 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-35

Elevation: \_\_\_\_\_

County: Covington  
 Permit #: \_\_\_\_\_  
 Driller: Roy V. West Drilling  
 Date completed: \_\_\_\_\_

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>Stanley William</u>	Latitude: <u>31°43'</u> Longitude: <u>89°42'</u>
Mailing Address: <u>69 Mimosa Lane</u>	Method of Lat/Long (circle one): <u>DOT MAP</u> Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>MT Olive MS 39119</u>	<u>NW ¼ NW ¼ Sec 27 Twn 9N Rng 17W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(661) 797-3391</u>	<u>4 Miles SW 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 <u>Electric Motor</u>	Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>2-20-07</u>	Setting Depth: <u>160</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: _____

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

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

David A. West 0-672  
 Print Name of Pump Installer and License No. (if applicable)

David A. West  
 Signature of Pump Installer

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 FEB 26 2007  
 BY: OLWR