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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)354-6938 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: C-52  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

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

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>Craig Napier</u>                       | Latitude: <u>31.43.00</u> Longitude: <u>89.32.00</u><br>DOT MAP                                     |
| Mailing Address: <u>8 Timber Lane</u>                 | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Collins</u> MS <u>39428</u><br>City State Zip Code | <u>NW 1/4 SE 1/4 Sec 32 Twn 9N Rng 15W</u>  |
| Telephone No. <u>(601) 765-4276</u>                   | Distance Direction Nearest Town<br><u>5</u> Miles <u>NE</u> of <u>Collins</u>                       |

**Well Data**

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

Date well drilling started: 1-25-07 Date well drilling completed: 1-29-07

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

Static Water Level: 98 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: 226 Well depth: 226 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 206 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: 10/10 inches Setting depth: From 206 feet to 226 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

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 BY: OLWR



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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 #: C-52

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

County: Covington  
 Permit #: \_\_\_\_\_  
 Driller: Ray A. West Drilling  
 Date completed: 1-29-07

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>Craig Napier</u>       | Latitude: <u>31°43'</u> Longitude: <u>89°32°</u>                     |
| Mailing Address: <u>8 Timber Lane</u> | Method of Lat/Long (circle one): <u>POT MAP</u> Conventional Survey, |
| <u>Collins MS 39428</u>               | USGS quad, Hand-held GPS, Survey-grade GPS                           |
| City State Zip Code                   | <u>NW ¼ SE ¼ Sec 32 Twn 9N Rng 15W</u>                               |
| Telephone No. <u>(601) 765-4276</u>   | Distance Direction Nearest Town                                      |
|                                       | <u>5 Miles NE of Collins</u>   |

| Pump Type<br>Circle one   | Power Type<br>Circle one                  |
|---|---|
| Air Lift Jet <input type="radio"/> <u>Submersible</u>                       | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston <input type="radio"/> Turbine <input type="radio"/>           | <u>Electric Motor</u> Hand Tractor PTO    |
| Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> | Windmill Other (specify): _____           |
| Other (specify): _____  | Horse Power Rating of Motor: <u>5</u>     |
| Date Pump Installed: <u>1-30-07</u>   | Setting Depth: <u>140</u> feet            |
| Rated Pump Capacity: <u>55</u> Gallons Per Minute                           | Number of Stages: _____                   |

| Pump Test Data   | Method of Measuring Water Level<br>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           |
| Test Pumping Rate: _____ Gallons Per Minute            | _____ feet after _____ hours of pumping             |
| 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