

County: Covington  
 Permit #: 0-586  
 Driller: JAMES WELLS  
 Date drilling completed: 3-18-11

**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: E 55  
 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><br/>         (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Patrick Booth</u><br/>         Mailing Address: <u>195 Essex Circle</u><br/> <u>Collins MS 39428</u><br/>         City State Zip Code<br/> <u>601 517 8034</u><br/>         Telephone No. ( ) _____</p> | <p><b>Well or Borehole Location</b></p> <p>Latitude: <u>31.37.33</u> Longitude: <u>89.42.27</u><br/>         Method of Lat/Long (circle one): Conventional Survey,<br/>         USGS quad, Hand-held GPS, Survey-grade GPS<br/> <u>4 1/4 Sec 28 Twn 8 N Rng 17 W</u><br/>         Distance Direction Nearest Town<br/> <u>6 Miles West of Collins MS</u></p> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Well / Borehole Data**

Date drilling started: 3-18-11 Date drilling completed: 3-18-11 Hole depth: 180 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: 266 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: 100 feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Well depth: 180 Well grouted to a depth of \_\_\_\_\_ feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 160 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 160 feet to 180 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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# 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: Covington  
 Permit #: \_\_\_\_\_  
 Driller: JAMES WELLS  
 Date completed: 3-18-11

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>Patrick Booth</u>                                  | Latitude: _____ Longitude: _____                                                                    |
| Mailing Address: <u>195 Kaser Creek</u><br><u>Collin MS 39428</u> | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS |
| City _____ State _____ Zip Code _____                             | _____ 1/4 _____ 1/4 Sec <u>28</u> Twn <u>8N</u> Rng <u>17W</u>                                      |
| Telephone No. <u>601 517 8034</u>                                 | Distance _____ Direction _____ Nearest Town _____<br><u>6 Miles West of Collin</u>                  |

| Pump Type<br>Circle one                           | Power Type<br>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>1</u>               |
| Date Pump Installed: <u>3-18-11</u>               | Setting Depth: <u>120</u> feet                      |
| Rated Pump Capacity: <u>15</u> Gallons Per Minute | Number of Stages: <u>11</u>                         |

| Pump Test Data                                              | Method of Measuring Water Level<br>Circle one           |
|-------------------------------------------------------------|---------------------------------------------------------|
| Date Well Tested: <u>3-18-11</u>                            | Air Line      Electric Measuring Line <u>Steel Tape</u> |
| Static Water Level (A): <u>100</u> Feet Below Land Surface  | Other (specify): _____                                  |
| Pumping Water Level (B): <u>120</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet     |
| Drawdown [(B) - (A)]: <u>110</u> Feet Below Land Surface    | Well yielded <u>15</u> GPM with a drawdown of           |
| Test Pumping Rate: <u>15</u> Gallons Per Minute             | <u>100</u> feet after <u>180</u> hours of pumping       |
| 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 0-586      James Wells  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

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 APR 18 2011  
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