

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 #: G-56
L. S. Elevation: _____
E-log #: _____

County: Covington
Permit #: _____
Driller: JAMES WELLS
Date drilling completed: 2-2-07

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

Owner Name: Don Mitchell
Mailing Address: 626 Leaf River Church Rd.
Collins MS 39428
City State Zip Code
Telephone No. (601) 765-8033

Well Location

Latitude: _____ Longitude: _____
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS, Survey-grade GPS
_____ 1/4 _____ 1/4 Sec 13 Twn 8N Rng 15W
Distance Direction Nearest Town
10 Miles E of Collins

Well Data

Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 2-2-07 Date well drilling completed: 2-2-07
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 130 feet above or below (circle one) land surface Date measured: 2-2-07
Method of Measurement (circle one): steel tape electric tape air line other: _____
Hole depth: 240 Well depth: 240 Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 210 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: 1008 inches Setting depth: From 210 feet to 240 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.

JAMES WELLS 0-586
Print Name of Water Well Contractor and License No.

James Wells
Signature of Water Well Contractor

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MAR 12 2007
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 #: G-56

Elevation: _____

County: Covington
 Permit #: _____
 Driller: JAMES WELLS
 Date completed: 2-2-07

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>Don Mitchell</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>626 Leaf River Church Rd.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Collins</u> MS <u>39428</u> City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>13</u> Twn <u>8N</u> Rng <u>15W</u>
Telephone No. <u>(601) 765-8033</u>	Distance Direction Nearest Town <u>10</u> Miles <u>E</u> of <u>Collins</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____	Diesel Engine Gasoline Engine Natural Gas <input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>5</u> Setting Depth: <u>200</u> feet Number of Stages: <u>13</u>
Date Pump Installed: <u>2-2-07</u>	
Rated Pump Capacity: <u>55</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-2-07</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u>
Static Water Level (A): <u>130</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>200</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B)-(A)]: <u>140</u> Feet Below Land Surface	Well yielded <u>65</u> GPM with a drawdown of
Test Pumping Rate: <u>65</u> Gallons Per Minute	<u>10</u> feet after <u>4</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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 BY: OLWR