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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)

County: Covington
 Permit #: 0-586
 Driller: JAMES WELLS
 Date drilling completed: 2-12-12

For Office Use Only:
 Aquifer: _____
 Well #: G-72
 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.

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Wiley Wade Wade</u>	Latitude: <u>31-40-22</u> Longitude: <u>W 89-28-46</u>
Mailing Address: <u>1088 Hwy 84</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Collin MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	<u>NW 1/4 NE 1/4 Sec 211 Twn 84 Rng 15W</u>
Telephone No. () _____	Distance _____ Miles Direction <u>EAST</u> of Nearest Town <u>Collin</u>

Well / Borehole Data

Date drilling started: 2-12-12 Date drilling completed: 2-12-12 Hole depth: 275 Hole diameter: 7

Location of the source of any surface water used for drilling: Well water

Method of dosing and volume of Chlorine used in drilling and development: Shot 3 lb

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: 130 feet above or below (circle one) land surface Date measured: 2-12-12

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

Well depth: 275 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 235 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .008 inches Setting depth: From 235 feet to 275 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)

County: Conrington
 Permit #: _____
 Driller: JAMES WELLS
 Date completed: 2-12-12

For Office Use Only:
 Aquifer: _____
 Well #: 672
 Elevation: _____

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>Wally Wade</u>		Latitude:	<u>17 40 426</u>	Longitude:	<u>108 28 486</u>
Mailing Address:	<u>1058 NY 84</u>		Method of Lat/Long (circle one): <u>Conventional Survey</u>			
	<u>Collin</u>		USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS			
	City	State	Zip Code			
Telephone No. ()			Distance	Direction	Nearest Town	
			<u>4</u> Miles	<u>EAST</u> of	<u>Collin</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>2-12-12</u>		Setting Depth: <u>200</u> feet		
Rated Pump Capacity:	<u>50</u> Gallons Per Minute		Number of Stages: <u>131</u>		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested:	<u>2-12-12</u>	Air Line	Electric Measuring Line
Static Water Level (A):	<u>130</u> Feet Below Land Surface	Steel Tape	_____
Pumping Water Level (B):	<u>200</u> Feet Below Land Surface	Other (specify):	_____
Drawdown [(B) - (A)]:	<u>150</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet	
Test Pumping Rate:	<u>50</u> Gallons Per Minute	Well yielded	<u>50</u> GPM with a drawdown of
Duration of Pump Test (minimum 4 hours):	<u>4</u> hours	<u>130</u> feet after	<u>4</u> hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
JAMES WELLS 0-586
 Print Name of Pump Installer and License No. (if applicable)

James Wells
 Signature of Pump Installer

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