

2

County: Covington
Permit #: 0-586
Driller: JAMES WELLS
Date drilling completed: 2-15-12

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: _____
Well #: G73
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>Information on Well Owner <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Wiley Wells Trade</u></p> <p>Mailing Address: <u>1058 N 184</u> <u>Rollins MS</u></p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Telephone No. () _____</p>	<p>Well or Borehole Location</p> <p>Latitude: <u>31° 40' 26"</u> Longitude: <u>90° 28' 29"</u></p> <p>Method of Lat/Long (circle one): Conventional Survey, _____</p> <p>USGS quad, Hand-held GPS, Survey-grade GPS</p> <p>NW ¼ SE ¼ Sec <u>211</u> Twn <u>8N</u> Rng <u>15W</u></p> <p>Distance: <u>4</u> Miles Direction: <u>EAST</u> of Nearest Town: <u>Rollins</u></p>
---	--

Well / Borehole Data

Date drilling started: 275 Date drilling completed: 2-15-12 Hole depth: 275 Hole diameter: 7

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

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

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: 2-15-12

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

Well depth: 275 Well grouted to a depth of _____ 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)

RECEIVED
APR 02 2012
BY: OLWR

G73

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered

From To

Description of Formations Encountered	From	To
Clay	0	40
S.S.	40	100
Clay	100	150
S.S.	150	275

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.

Collin 84



Landowner Name: Wally Wade

James Wells
Signature of Water Well Contractor

RECEIVED
APR 02 2012
BY: OLWR

(2)

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 #: 673

Elevation: _____

County: Leflore
 Permit #: _____
 Driller: JAMES WELLS
 Date completed: 2-15-12

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>N 31 40 42.6</u>	Longitude: <u>W 089 28 48.6</u>
Mailing Address: <u>1058th NY 84</u>		Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,	
<u>Collin MS</u>		<input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS	
City	State	Zip Code	
Telephone No. ()			
		Distance	Direction
		<u>4</u> Miles	<u>East</u> of <u>Collin</u>
			Nearest Town
			<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>2-15-12</u>			Setting Depth: <u>200</u> feet		
Rated Pump Capacity: <u>50</u> Gallons Per Minute			Number of Stages: <u>13</u>		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: <u>2-15-12</u>		Air Line	<u>Electric Measuring Line</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>150</u> Feet Below Land Surface		Well yielded <u>50</u> GPM with a drawdown of	
Test Pumping Rate: <u>50</u> Gallons Per Minute		<u>130</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
 Print Name of Pump Installer and License No. (if applicable)

James Wells
 Signature of Pump Installer

RECEIVED
 APR 02 2012
 BY: OLWR