

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: 677
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Carington
Permit #: _____
Driller: A-1 Drilling Serv
Date drilling completed: 1-8-13

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>Greg Pickering</u>	Latitude: <u>31.40.24.N</u> Longitude: <u>89.33.0.W</u>
Mailing Address: <u>P.O. Box 1837</u>	Method of Lat/Long (circle one): <input checked="" type="radio"/> Conventional Survey
<u>Collins</u> <u>Ms.</u> <u>39428</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>NE 1/4</u> of <u>NE 1/4</u> Sec. <u>8</u> Twn <u>8N</u> Rng. <u>15W</u>
Telephone No. <u>(601) 433 6097</u>	Distance <u>3 1/2</u> Miles Direction <u>E</u> of Nearest Town <u>Collins Ms.</u>

Well Data

Purpose of Well (circle one) **Flow** Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 1-2-13 Date well drilling completed: 1-8-13

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

Static Water Level: 125' feet above or below (circle one) land surface Date measured: 1-7-13

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

Hole depth: 260' Well depth: 254' Well grouted to a depth of 12 feet

Type of grout (circle one): **Cement** Bentonite Mix

Casing length: 294 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: slotted PVC

Screen slot size: .006 inches Setting depth: From 544 feet to 554 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.

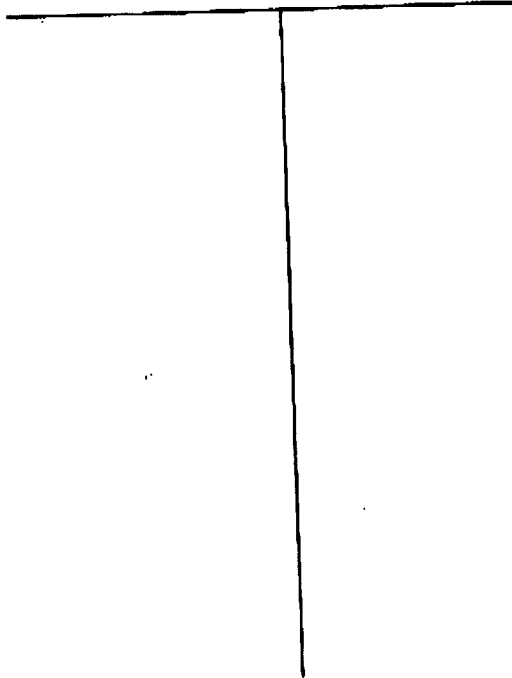
Mike Baughman 587
Print Name of Water Well Contractor and License No.

Mike Baughman
Signature of Water Well Contractor

0-77

If well telescopes please sketch below and show depths.

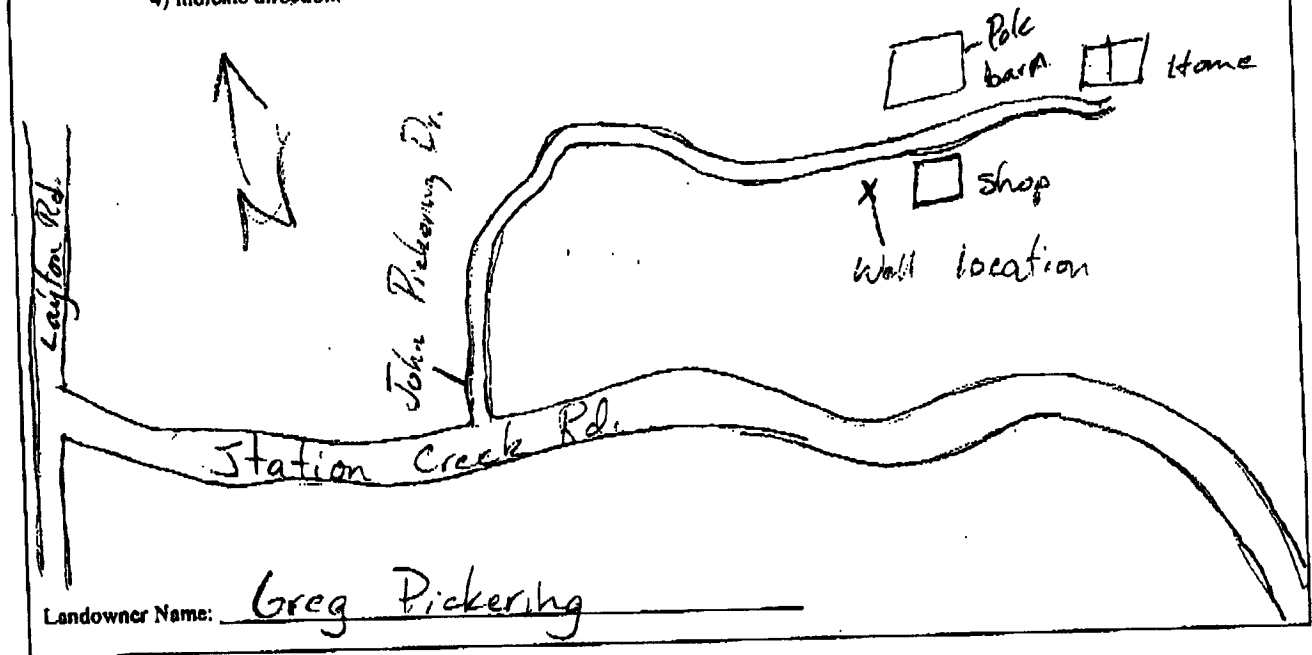
Ground Level



Description of Formations Encountered	From	To
Red sandy clay	0	28
Tan Sand	28	55
Rock	55	55 1/2
tan clay stiff	55 1/2	100
gray clay stiff	100	131
gray green clay	131	175
Sand & clay mixed	175	198
Sand tan	198	260

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.



Mike Saugher
 Signature of Water Well Contractor

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: Corington
 Permit #: _____
 Driller: A-1 Drilling Serv.
 Date completed: 1-8-13

For Office Use Only:
 Aquifer: _____
 Well #: 617
 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>Greg Bickering</u>	Latitude: <u>31° 40' 24" N</u> Longitude: <u>89° 38' 0" W</u>
Mailing Address: <u>P.O. Box 1837</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Collins</u> <u>Ms.</u> <u>39428</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>NE 1/4 NE 1/4 Sec 8 Twn 8N Rng 15W</u>
Telephone No. <u>(601) 433-6097</u>	Distance Direction Nearest Town
	<u>3±</u> Miles <u>E</u> of <u>Collins</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>1 1/2</u>
Date Pump Installed: <u>1-8-13</u>	Setting Depth: <u>180</u> feet
Rated Pump Capacity: <u>18</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>125</u> Feet Below Land Surface	Other (specify): <u>Sonic</u>
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 _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Mike Bughman 587
 Print Name of Pump Installer and License No. (if applicable) Mike Bughman
Signature of Pump Installer