

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 #: H-21
L. S. Elevation: _____
E-log #: _____

County: Covington
Permit #: _____
Driller: JAMES WELLS
Date drilling completed: 6-28-06

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>Keith Lowery #2</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1452 Hwy 535</u> <u>Seminary, MS 37479</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>1/4</u> <u>1/4</u> Sec <u>32</u> Twn <u>14W</u> Rng <u>8N</u> <u>8N</u> <u>14W</u>
Telephone No. <u>601 722-9167</u>	Distance: <u>6</u> Miles Direction: <u>NE</u> of Nearest Town: <u>Seminary MS</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 6-28-06 Date well drilling completed: 6-28-06
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 90 feet above or below (circle one) land surface Date measured: 6-28-06
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 186 Well depth: 186 Well grouted to a depth of 16 feet
Type of grout (circle one): 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 186 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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If well telescopes please sketch below and show depths.

Ground Level

H-21

Description of Formations Encountered	From	To
Top Soil	0	2
Clay Sand	2	30
Red Sand	30	80
Pea gravel	80	180

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.

Landowner Name: Keith Lowery

James Wells
Signature of Water Well Contractor

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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 #: H-
 Elevation: _____

County: Covington
 Permit #: _____
 Driller: JAMES WELLS
 Date completed: 6-28-06

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>Keith Lowery</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1452 Hwy 535</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>Seminary, MS 37479</u>	<input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City _____ State _____ Zip Code _____	<u>1/4</u> _____ <u>1/4</u> Sec <u>32</u> Twn <u>14N</u> Rng <u>8W</u>
Telephone No. <u>601 722-9167</u>	Distance _____ Direction _____ Nearest Town _____
	<u>6</u> Miles <u>NE</u> of <u>Seminary MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3 HP</u>
Date Pump Installed: <u>6-28-06</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>35</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-28-06</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u>
Static Water Level (A): <u>90</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>90</u> Feet Below Land Surface	Well yielded <u>35</u> GPM with a drawdown of
Test Pumping Rate: <u>35</u> Gallons Per Minute	<u>90</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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 JUL 10 2006
 BY: OLWF