

State Well Report

Part I - 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 #: K-69
L. S. Elevation:
E-log #:

County: Covington
Permit #: 0-586
Driller: JAMES WELLS
Date drilling completed: 4-29-09

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 (Landowner if borehole is not for a water well)
Owner Name: William Allen
Mailing Address: 561 Arbor Rd, Mt Olive, MS 39119
Well or Borehole Location
Latitude: Longitude:
Method of Lat/Long: Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
Distance: 2 Miles Direction: NW of Searsville, MS

Well / Borehole Data
Date drilling started: 4-29-09 Date drilling completed: 4-29-09 Hole depth: 90 Hole diameter: 7
Location of the source of any surface water used for drilling: Creek
Method of dosing and volume of Chlorine used in drilling and development: 2 lb Shocks
Purpose of borehole (check one): Water Well [checked]
Purpose of Well (check one): Home [checked] Industrial [checked] Public Supply [checked]
Static Water Level: 45 feet above or below (circle one) land surface
Method of Measurement (circle one): steel tape
Well depth: 45 Well grouted to a depth of feet Type of grout (circle one): Neat Cement
Casing length: 70 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 70 feet to 90 feet
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: Covington
 Permit #: _____
 Driller: JAMES WELLS
 Date completed: 4-29-09
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: K-69
 Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>William Allen</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>561 arbo Rd</u> <u>mt olive ms</u> <u>39119</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	_____ ¼ _____ ¼ Sec <u>20</u> T <u>7h</u> R <u>15w</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____
	<u>2</u> Miles <u>N.W.</u> of <u>Sunny</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>2</u>
Date Pump Installed: <u>4-29-09</u>	Setting Depth: <u>85</u> feet
Rated Pump Capacity: <u>30</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-29-09</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>45</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>85</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>40 to 50</u> Feet Below Land Surface	Well yielded <u>30</u> GPM with a drawdown of
Test Pumping Rate: <u>30</u> Gallons Per Minute	<u>45</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

Form: OLWR-SWR-15 (04/08) **RECEIVED**

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