

# 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)~~  
601-360-0535

For Office Use Only:

Aquifer: 6129  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Forrest  
Forrest Ms  
Permit #: \_\_\_\_\_  
Driller: Cain  
Date drilling completed: 1-3-11

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>C. W. Barnhill</u>	Latitude: <u>31.14.13</u> Longitude: <u>89.09.19</u>
Mailing Address: <u>207 Elm Wood</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>Da</u>	<input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Pearl River La. 70452</u>	<u>NE 1/4 SW 1/4 Sec 12 Twn 30 Rng 12W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(985) - 502 - 4649</u>	<u>7</u> Miles <u>S/E</u> of <u>Petal Ms</u>

**Well Data**

Purpose of Well (circle one)  Home  Industrial  Public Supply  Irrigation  Fish Culture  Other: \_\_\_\_\_

Date well drilling started: 12-31-10 Date well drilling completed: 1-3-11

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

Static Water Level: 20' feet above or below (circle one) land surface Date measured: 1-2-11

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

Hole depth: 55 Well depth: 55 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement  Bentonite  Mix

Casing length: 45 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: #10 inches Setting depth: From 45 feet to 55 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.

Nelson Cain 0-374  
Print Name of Water Well Contractor and License No.

Nelson Cain  
Signature of Water Well Contractor

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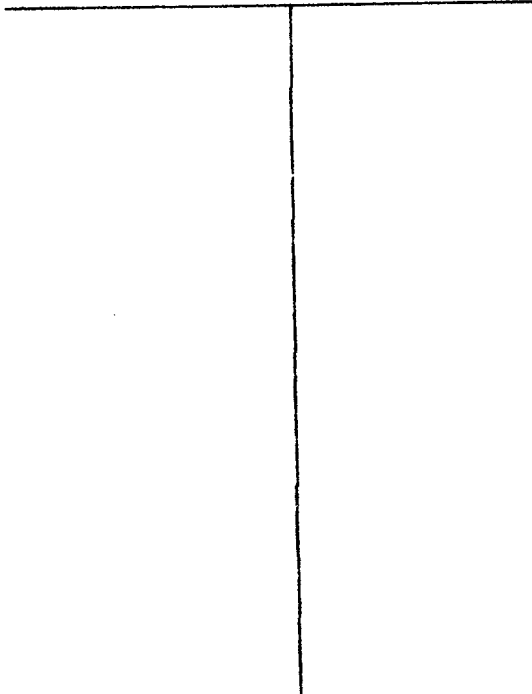
JAN 26 2011

BY: OLWR

6129

If well telescopes please sketch below and show depths.

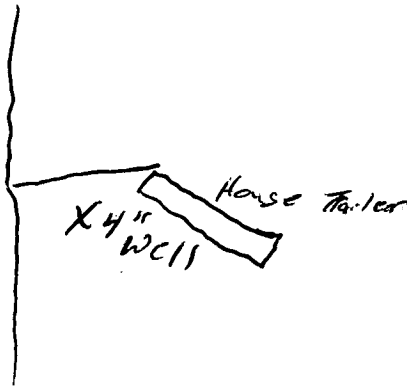
Ground Level



Description of Formations Encountered	From	To
<del>Top Soil &amp; Sand</del> Top Soil & Sand	0	20
Clay	20	30
Gravel	30	40
Sand	40	55

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: C.W. Beachill

Nelson Coover  
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 #: \_\_\_\_\_  
 Elevation: \_\_\_\_\_

County: Forrest MS  
 Permit #: \_\_\_\_\_  
 Driller: Cain  
 Date completed: 1-3-11

**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>C. W. Barnhill</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>207 Elm Wood Dr</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Pad River La. 70452</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>12</u> Twn <u>3N</u> Rng <u>12/W</u>
Telephone No. ( <u>985</u> ) <u>502-21649</u>	Distance Direction Nearest Town
	<u>7</u> Miles <u>S/E</u> of <u>Petal MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>1-2-11</u>	Setting Depth: <u>50'</u> feet
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Number of Stages: <u>7</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-3-11</u>	Air Line Electric Measuring Line <u>Steel Tape</u> <input type="radio"/>
Static Water Level (A): <u>20'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>25'</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>5'</u> Feet Below Land Surface	Well yielded <u>25</u> GPM with a drawdown of
Test Pumping Rate: <u>25</u> Gallons Per Minute	<u>5</u> feet after <u>12</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>12</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Nelson Cain Nelson Cain  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 JAN 26 2011  
 BY: OLWR