

# 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 #: A-78  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Green  
Permit #: \_\_\_\_\_  
Driller: Cain  
Date drilling completed: 6-17-08

**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>Darren Dunn</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>940 Manning Hill Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Righton</u> MS <u>39476</u>	<u>S</u> 1/4 <u>E</u> 1/4 Sec <u>7</u> Twn <u>5N</u> Rng <u>8W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (601) <u>255-0072</u>	<u>6</u> Miles <u>East</u> of <u>Righton</u>

**Well Data**

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

Date well drilling started: 6-5-08 Date well drilling completed: 6-17-08

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

Static Water Level: 90 feet above or below (circle one) land surface Date measured: 6-15-08

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

Hole depth: 320 Well depth: 320 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 300 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 10 inches Setting depth: From 300 feet to 320 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

**RECEIVED**

JUN 25 2008  
BY: OLWR



# 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: Green  
 Permit #: \_\_\_\_\_  
 Driller: Cain  
 Date completed: 6-17-08

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: A. 78  
 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>Darren Duan</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>840 Manning Hill Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Richton Ms 39476</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>5</u> 1/4 <u>E</u> 1/4 Sec <u>7</u> Twn <u>5N</u> Rng <u>8W</u>
Telephone No. ( <u>601</u> ) <u>755-0072</u>	Distance Direction Nearest Town
	<u>6</u> Miles <u>East</u> of <u>Richton</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <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>6-16-08</u>	Setting Depth: <u>160</u> feet
Rated Pump Capacity: <u>60</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-16-08</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>80</u> Feet Below Land Surface	Other (specify): <u>String</u>
Pumping Water Level (B): <u>100</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>20</u> Feet Below Land Surface	Well yielded <u>60</u> GPM with a drawdown of
Test Pumping Rate: <u>60</u> Gallons Per Minute	<u>20</u> feet after <u>8</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>8</u> hours	

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

Nelson Cain 0-734 Nelson Cain  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 JUN 25 2008  
 BY: OLWR