

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 #: J-51
L. S. Elevation: _____
E-log #: _____

County: Jasper
Permit #: _____
Driller: Cain
Date drilling completed: 5-29-08

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>Chris Sims</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>330 C.R. 1537</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Bay Springs MS 39422</u>	<u>S 1/4 E 1/4 Sec 3 Twn 2N Rng 10E</u>
City: _____ State: _____ Zip Code: _____	Distance: _____ Direction: _____ Nearest Town: _____
Telephone No. <u>(601) 764-4101</u>	<u>4</u> Miles <u>N/E</u> of <u>Bay Springs</u>

Well Data

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

Date well drilling started: 5-23-08 Date well drilling completed: 5-29-08

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

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 5-28-08

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

Hole depth: 440 Well depth: 440 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 400 feet Casing diameter: 4x2 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: 10 inches Setting depth: From 400 feet to 440 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: 350 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.

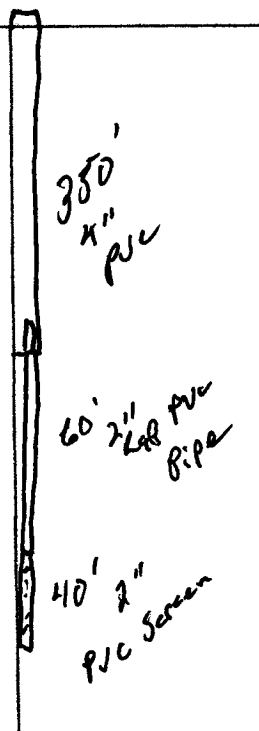
Nelson Cain
Signature of Water Well Contractor

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JUN 25 2008
BY: OLWR

J-51

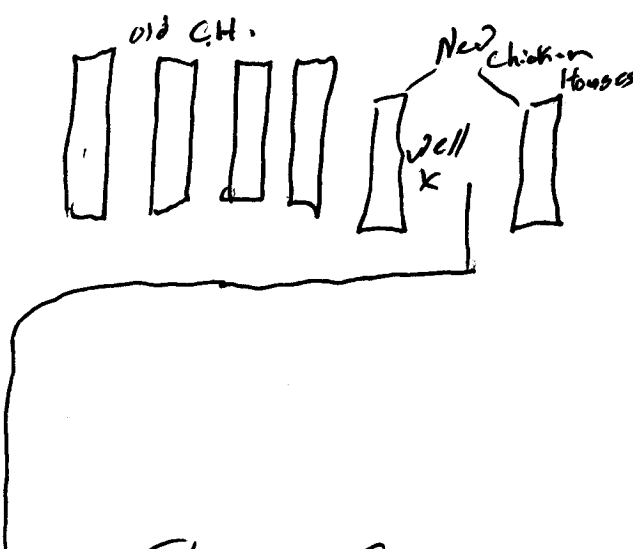
Ground Level



Description of Formations Encountered	From	To
Top Soil & Clay	0	30
Sand	30	70
Clay	70	210
Sand	210	220
Clay	220	380
Sand	380	440

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: Chris Simms

Nelson Carri
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)

County: Jasper
 Permit #: _____
 Driller: Cain
 Date completed: 5-29-08

For Office Use Only:

Aquifer: _____
 Well #: J-51
 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>Chris Sims</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>330 CR. 1537</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Bay Springs Ms 39422</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng _____
Telephone No. <u>(601) 764 4101</u>	Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____

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 Turbine <input type="radio"/>	<u>Electric Motor</u> <input type="radio"/> Hand Tractor PTO <input type="radio"/>
Centrifugal Rotary Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>5-28-08</u>	Setting Depth: <u>180</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>5-28-08</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>80</u> Feet Below Land Surface	Other (specify): <u>String</u>
Pumping Water Level (B): <u>140</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>60</u> Feet Below Land Surface	Well yielded <u>60</u> GPM with a drawdown of <u>60</u> feet after <u>5</u> hours of pumping
Test Pumping Rate: <u>60</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>5</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