

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 #: R-55
L. S. Elevation: _____
E-log #: _____

County: Jasper
Permit #: _____
Driller: Cain
Date drilling completed: 12-17-07

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>Johnny Windham</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>283 C.R. 273</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> City State Zip Code	<u>N 1/4 E 1/4 Sec 32 Twn 2N Rng 11E</u>
Telephone No. <u>(601) 764 3465</u>	Distance Direction Nearest Town <u>5 Miles East of Bay Springs Ms</u>

Well Data

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

Date well drilling started: 12-10-07 Date well drilling completed: 12-17-07

If flowing, method of flow regulation: Valve _____ Other (describe) ② ② ② ② ②

Static Water Level: 140' feet above or below (circle one) land surface Date measured: 12-17-07

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

Hole depth: 475 Well depth: 475 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 425 feet Casing diameter: 4x2 inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 2" inches Type of screen: PVC

Screen slot size: #10 inches Setting depth: From 425 feet to 475 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: 320 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 0374 _____
Print Name of Water Well Contractor and License No. 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: Jefferson
 Permit #: _____
 Driller: Cain
 Date completed: 12-17-07

For Office Use Only:

Aquifer: _____
 Well #: W-55
 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>Johnny Winburn</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>283 CR 273</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>Bay Springs</u> <u>MS</u> <u>39142</u>	USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City State Zip Code	<u>N</u> 1/4 <u>E</u> 1/4 Sec <u>32</u> Twn <u>2N</u> Rng <u>1E</u>
Telephone No. <u>(601) 764-3465</u>	Distance Direction Nearest Town
	<u>5</u> Miles <u>East</u> of <u>Bay Springs MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <input checked="" 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"/>	<input checked="" type="checkbox"/> Electric Motor <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>5 hp</u>
Date Pump Installed: <u>12-17-07</u>	Setting Depth: <u>200</u> feet
Rated Pump Capacity: <u>60</u> Gallons Per Minute	Number of Stages: <u>1.5</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-17-07</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>140</u> Feet Below Land Surface	Other (specify): <u>String</u>
Pumping Water Level (B): <u>170</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>30</u> Feet Below Land Surface	Well yielded <u>70</u> GPM with a drawdown of
Test Pumping Rate: <u>70</u> Gallons Per Minute	<u>30</u> feet after <u>6</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>6</u> hours	

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

Nelson Cain 0374 Nelson Cain
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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