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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 #: S-44
L. S. Elevation: _____
E-log #: _____

County: Jasper
Permit #: _____
Driller: Roy V. West Drilling
Date drilling completed: 11-6-06

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>William Akerman</u>	Latitude: <u>31.48.00</u> " Longitude: <u>89.10.00</u> " ⁰⁶
Mailing Address: <u>413 CR 8120</u>	Method of Lat/Long (circle one): <u>DOT MAP</u> Conventional Survey,
<u>Laurel</u> <u>MS</u> <u>39443</u> City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS <u>NE</u> 1/4 <u>SW</u> 1/4 Sec <u>23</u> Twn <u>10N</u> Rng <u>12W</u>
Telephone No. <u>(601) 428-7935</u>	Distance <u>S</u> Miles <u>SE</u> Direction of <u>Stinger</u> Nearest Town

Well Data

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

Date well drilling started: 11-6-06 Date well drilling completed: 11-6-06

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

Static Water Level: 21 feet above of below (circle one) land surface Date measured: 11-6-06

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

Hole depth: 145 Well depth: 145 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 135 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 1010 inches Setting depth: From 135 feet to 145 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.

David A. West 0-672 David A. West
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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BY: OLWR

#1

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 #: 5-44

Elevation: _____

County: Jasper

Permit #: _____

Driller: Roy V. West Drilling

Date completed: _____

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>William Aterman</u>	Latitude: <u>31°48'</u> Longitude: <u>89°10'</u>
Mailing Address: <u>43 CR 8120</u>	<u>DOT MAP</u> Method of Lat/Long (circle one): Conventional Survey,
<u>Laurel</u> <u>MS</u> <u>39443</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 23 Twn 10N Rng 12W</u>
Telephone No. <u>(601) 428-7935</u>	Distance Direction Nearest Town <u>5</u> Miles <u>SE</u> of <u>Stringer</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>3</u>
Date Pump Installed: _____	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: _____

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

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

David A. West 0-672
 Print Name of Pump Installer and License No. (if applicable)

David A. West
 Signature of Pump Installer

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 BY: OLWF