A
County: Jeff Dewir
Permit #:
Driller: JAMES WELLS
Date drilling completed: 7-/6-06

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 #: H-109
L. S. Elevation:
E-log #:

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.

30 days of completion of drilling of the well.	****	
Well Owner Information	Well Location	
Owner Name Thruthy Frwin	Latitude:°" Longitude:°"	
Mailing Address: 215 Wy 43	Method of Lat/Long (circle one): Conventional Survey,	
0 at Nale MS 39 656	USGS quad, Hand-held GPS, Survey-grade GPS	
	14 14 Sec 4 Twn 19 Rng 51	
City State Zip Code	Distance Direction Nearest Town	
Telephone No. (60) 736 - 3245	Milesof	
Well I	Data	
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture Other:	
Date well drilling started: 3-/6-06 Date well drilling completed: 3-/6-06		
If flowing, method of flow regulation: Valve Other (describe)		
Static Water Level:	land surface Date measured: 7 -/ 6- 96	
	· · · · · · · · · · · · · · · · · · ·	
Method of Measurement (circle one) steel tape electric tape	· · · · · · · · · · · · · · · · · · ·	
Hole depth: 1/5 Well depth: - 1/5	_ Well grouted to a depth of	
Type of grout (circle one): Cement Bentonite Mix		
Casing length: 95 feet Casing diameter:	inches Type of casing:P // (
14		
Screen length: 20 feet Screen diameter:		
Screen slot size: OOV inches Setting depth: From	reet to	
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 drined, constructed, and completed in account to the last the well was drined, constructed, and completed in account to the last the well was drined, constructed, and completed in account to the last the well was drined, constructed, and completed in account to the last the well was drined, constructed, and completed in account to the last the well was drined, constructed, and completed in account to the last the well was drined, constructed, and completed in account to the last the well was drined, constructed, and completed in account to the last the well was drined, constructed, and completed in account to the last the la		
Debattment at that dimension from a series of the series o	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
JAMES WELLS 0-586	James Wells	
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor	

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Description of Formations Bacountered	25
Clay	25
Clay	
1.02	76
4	
	-1
	ation; 2) any permanent structures on the property and ther items that may aid in locating the property and

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BY: OLWR

STATE WELL REPORT

Part 2

County:

Permit #:

Driller JAMES WELLS

Date completed: 3-16-06

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 #: H-109	
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: Timothy Twin	Latitude: Longitude:	
Mailing Address: 215 Ny 43 Oakvale MS 39454	Method of Lat/Long (circle one): Conventional Survey,	
Oakvalems 39656	USGS quad, Hand-held GPS, Survey-grade GPS	
City State Zip Code	Distance Direction Nearest Town	
,	Distance Direction Nearest Town	
Telephone No. (601) 736 - 3245	3 Miles SE of Oakvale ms	
Pump Type	Power Type	
Circle one	Circle one Circle one Natural Gas Natural Gas	
Air Lift Jet Submersible	Diesot Edigine, Castomio 2009	
Bucket Piston Turbine	Electric Miorox	
Centrifugal Rotary Flowing Well	Windmill Other (specify):	
Other (specify):	Horse Power Rating of Motor:	
Date Pump Installed:	Number of Stages: 14	
Rated Pump Capacity: / Gallons Per Minute	Number of Stages:	
Pump Test Data	Method of Measuring Water Level Circle one	
Date Well Tested: 3-/6-06	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		
Drawdown [(B) - (A)]: 7 O Feet Below Land Surface	Por flowing well, measured shut in head:feet	
Test Pumping Rate:/ Gallons Per Minute	Well yielded (3 GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours): hours		
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.		
TAMES WELLS 0-586 Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	

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