

County: Jeff Davis  
 Permit #: 0-586  
 Driller: JAMES WELLS  
 Date drilling completed: 5-20-08

**State Well Report**  
**Part 1 - Driller's Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: J-90  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

*State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.*

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Belton Fugan</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>577 Smith Rd</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Cureon MS 39527</u>	<input type="checkbox"/> Sec 18 <input type="checkbox"/> Twp 6N <input type="checkbox"/> Rng 18W
City: _____ State: _____ Zip Code: _____	Distance: _____ Direction: _____ Nearest Town: _____
Telephone No. <u>(601) 943 5065</u>	<u>7 Miles South of Preston MS</u>

**Well / Borehole Data**

Date drilling started: 5-20-08 Date drilling completed: 5-20-08 Hole depth: \_\_\_\_\_ Hole diameter: \_\_\_\_\_

Location of the source of any surface water used for drilling: Water well

Method of closing and volume of Chlorine used in drilling and development: 3 lbs. Shock

Logs run (circle all applicable):  None run  Electric  Gamma Ray  Density  Sonic  Neutron  Other \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (check one):  Water Well  Geotechnical/Geological Investigation  Ground Source Heat Pump  Seismic Survey  Other (describe) \_\_\_\_\_

*If drilling is not related to water well construction, skip the remainder of this block*

Purpose of Well (check one):  Home  Industrial  Public Supply  Irrigation  Fish Culture  Other \_\_\_\_\_

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

Static Water Level: 160 feet above or (below) (circle one) land surface Date measured: 5-20-08

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

Well depth: 250 Well grouted to a depth of 16 feet Type of grout (circle one):  Neat Cement  Bentonite  Mix \_\_\_\_\_

Casing length: 230 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 1/2 inches Type of screen: PVC

Screen slot size: .008 inches Setting depth: from 230 feet to 250 feet

Type of completion (circle all applicable):  Gravel packed  Underreamed  Telescoped  Open hole  Natural Development

Other (describe): \_\_\_\_\_

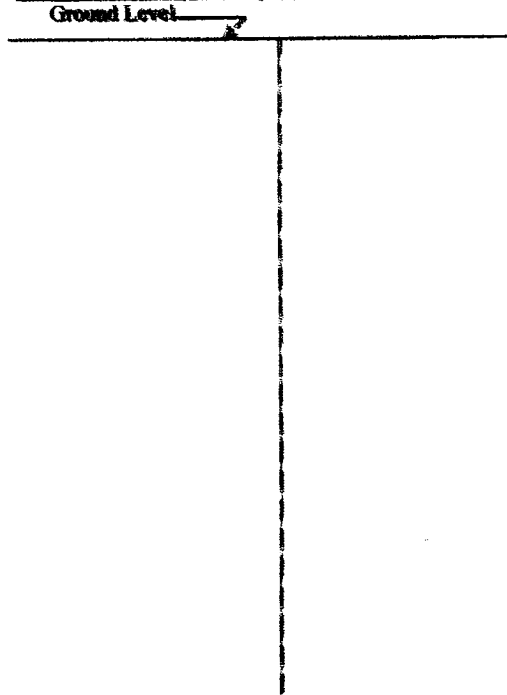
Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A (04/08)

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This sketch below only required for water wells.

If well telescopes, show depths on sketch.



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	(vertical distance)	(ft)
Top Soil	0	2
Clay	2	180
Sand	180	250

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) a north arrow.

Lendowner Name: Bolton Egan

Form: OLWR-SWR-1A (04/08)

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state

Invs. JAMES WELLS 0-586

Print Name of Responsible Licensee and License No.

James Wells

Signature of Licensee

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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 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5226 (fax)

County: Jeff Davis  
 Permit #: \_\_\_\_\_  
 Driller: JAMES WELLS  
 Date completed: 5-20-08  
 Copy information from block on Part 1

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: J-90  
 Elevation: \_\_\_\_\_

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>Beta Belton Egan</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>577 Smith Rd</u> <u>Carson MS 39527</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4 Sec <u>18</u> T <u>6N</u> R <u>18W</u>
Telephone No: <u>601</u> <del>601</del> <u>443 5065</u>	DISTANCE _____ DIRECTION _____ NEAREST TOWN _____ <u>7 miles South Praxton MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift: <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Docket: <input type="checkbox"/> Piston <input type="checkbox"/> Turbine	<input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Motor P.L.U.
Centrifugal: <input type="checkbox"/> Survey <input type="checkbox"/> Highway Well	Other (specify): _____
Other (specify): _____	Motor Power Rating of Motor: <u>1</u>
Date Pump Installed: _____	Setting Depth: <u>220</u> feet
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-20-08</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <input checked="" type="checkbox"/> <u>Level Tap</u>
Static Water Level (A): <u>170</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>220</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown (B) - (A): <u>170</u> Feet Below Land Surface	Well yielded <u>15</u> GPM with a drawdown of _____
Test Pumping Rate: <u>15</u> Gallons Per Minute	<u>170</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 1 hour): <u>4</u> hours	

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

JAMES WELLS 0-586 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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