

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 #: A-121
L. S. Elevation: _____
E-log #: _____

County: Jones
Permit #: _____
Driller: David West
Date drilling completed: 9-10-07

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>Sam Buckley</u>	Latitude: <u>31° 43' 00"</u>	Longitude: <u>89° 19' 38"</u>	
Mailing Address: <u>41 Riley Todd Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS		
<u>Soso</u> <u>MS</u> <u>39480</u>	SE ¼ NW ¼ Sec <u>29</u> Twn <u>9N</u> Rng. <u>13W</u>		
City State Zip Code	NE SW Distance Direction Nearest Town		
Telephone No. <u>(601) 729-2820</u>	<u>3.5</u> Miles <u>SW</u> of <u>Soso</u>		
Well Data			
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____			
Date well drilling started: <u>9-10-07</u>		Date well drilling completed: <u>9-10-07</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>28</u> feet above or <u>below</u> (circle one) land surface		Date measured: <u>9-11-07</u>	
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____			
Hole depth: <u>265</u> Well depth: <u>265</u>		Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix			
Casing length: <u>245</u> feet		Casing diameter: <u>4</u> inches	Type of casing: <u>PVC</u>
Screen length: <u>20</u> feet		Screen diameter: <u>4</u> inches	Type of screen: <u>PVC</u>
Screen slot size: <u>.010</u> inches		Setting depth: From <u>245</u> feet to <u>265</u> feet	
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u>			
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): <u>No log run</u> 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.			
<u>David A. West</u> <u>0672</u>		<u>David A. West</u>	
Print Name of Water Well Contractor and License No.		Signature of Water Well Contractor	

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BY OLWR

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 #: A-121

Elevation: _____

County: Jones
 Permit #: _____
 Driller: David West
 Date completed: 9-10-07

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>Sam Buckley</u>	Latitude: <u>31°43'</u> Longitude: <u>89°19'</u>
Mailing Address: <u>41 Riley Todd Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Soso</u> <u>MS</u> <u>39480</u> City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS <u>SE ¼ NW ¼ Sec. 29</u> <u>Twn 9N</u> <u>Rng 14W</u>
Telephone No. <u>(601) 729-2820</u>	Distance Direction Nearest Town <u>3.5</u> Miles <u>SW</u> of <u>Soso</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>9-11-07</u> Rated Pump Capacity: <u>19</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>1</u> Setting Depth: <u>80</u> feet 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)


 Signature of Pump Installer

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