

# 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)

County: JONES  
 Permit #: \_\_\_\_\_  
 Driller: A-1 DRILL SERV  
 Date drilling completed: 6-25-08

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: B-111  
 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.

Well Owner Information	Well Location
Owner Name: <u>BOBBY HILL</u>	Latitude: <u>31-42-747</u> Longitude: <u>89-14-030</u>
Mailing Address: <u>48 PAT HOLIFIELD RD</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> <sup>45</sup> <sub>50</sub>
<u>LAUREL MS 39443</u> City State Zip Code	<u>USGS quad</u> <u>Hand-held GPS</u> Survey-grade GPS
Telephone No: <u>(601) 729-3490</u>	<u>SW 1/4 SW 1/4 Sec 30 Twp 9N Rng 12W</u>
	Distance <u>± 2 1/2</u> Miles Direction <u>NW</u> of Nearest Town <u>Calhoun</u>

**Well Data**

Purpose of Well (circle one): Dom Industrial Public Supply irrigation Fish Culture Other: \_\_\_\_\_

Date well drilling started: 6-24-08 Date well drilling completed: 6-26-08

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

Static Water Level: 50 feet above or below (circle one) land surface Date measured: 6-30-08

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

Hole depth: 141' Well depth: 140' Well grouted to a depth of 12' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 120 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 120 feet to 140 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.

Wilbur T. Boughman 0410 Wilbur T. Boughman  
 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

County: Jones  
 Permit #: \_\_\_\_\_  
 Driller: A-1 Drilling Serv  
 Date completed: 6-30-08

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 #: B-III  
 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>BOBBY HILL</u>	Latitude: <u>31 42 747</u> Longitude: <u>89 14 530</u>
Mailing Address: <u>48 PAT HOLIFIELD RD</u>	Method of Lat/Long (circle one): Conventional Survey.
<u>LAUREL MS 39443</u> City State Zip Code	<u>USGS quad</u> <u>Hand-held GPS</u> Survey-grade GPS
Telephone No. <u>(601) 729-3490</u>	<u>SW</u> <u>SW</u> 1/4 Sec. <u>302</u> Twn <u>9N</u> Rng <u>12W</u>
	Distance Direction Nearest Town <u>2 1/2</u> Miles <u>NW</u> of <u>Calhoun</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine <input type="radio"/>	<u>Electric Motor</u> <input checked="" type="radio"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3</u>
Date Pump Installed: <u>6-30-08</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>33</u> Gallons Per Minute	Number of Stages: <u>14</u>

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): <u>Scale</u>
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.

Wilbur T. Baughman  
 Print Name of Pump Installer and License No. (if applicable)

Wilbur T. Baughman  
 Signature of Pump Installer

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JUL 02 2008

BY: OLWR