

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: David West
 Date drilling completed: 6-7-12

For Office Use Only:
 Aquifer: C 242
 Well #: _____
 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 Owner Name: <u>Remmit Townsend</u> Mailing Address: <u>4111 Sharn Rd</u> <u>Laurel MS 39443</u> City State Zip Code Telephone No. <u>(601) 433-1493</u>		Well Location Latitude: <u>21° 46' 00"</u> Longitude: <u>89° 04' 30"</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>SE 1/4 SE 1/4 Sec 4 Twn 9N Rng 10W</u> Distance Direction Nearest Town <u>3.5 Miles NE of Laurel</u>
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Well Data

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

Date well drilling started: 6-7-12 Date well drilling completed: 6-7-12

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

Static Water Level: 10 feet above or below (circle one) land surface Date measured: 6-7-12

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

Hole depth: 66 Well depth: 66 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 56 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .028 inches Setting depth: From 56 feet to 66 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
 Print Name of Water Well Contractor and License No.

David A. West
 Signature of Water Well Contractor

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:

Apprifer: _____

Well #: _____

Elevation: _____

County: Jones
 Permit #: _____
 Driller: David West
 Date completed: 6-7-12

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>Kermit Townsend</u>	Latitude: <u>31° 46' 00</u> Longitude: <u>89° 04' 30"</u>
Mailing Address: <u>4111 Sharon Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Laurel MS 39443</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE ¼ SE ¼ Sec 4 Twn 9N Rng 11W</u>
Telephone No. <u>(601) 433-1493</u>	Distance Direction Nearest Town
	<u>3.5 Miles NE of Laurel</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>1</u>
Date Pump Installed: <u>6-7-12</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>20</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 D-672 David West
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer