

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
 Date drilling completed: 2-15-2011

For Office Use Only:
 Aquifer: D 203
 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 | Well Location |
|---|--|
| Owner Name: <u>Jerry Doggett</u> | Latitude: <u>31° 45' 30"</u> Longitude: <u>88° 59' 00"</u> |
| Mailing Address: <u>49 Jerry Doggett Dr</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>NW 1/4 NE 1/4 Sec 15 Twn 9N Rng 10W</u> |
| Telephone No. <u>(601) 426-2473</u> | Distance Direction Nearest Town <u>3 Miles SE of Sandersville</u> |

Well Data

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

Date well drilling started: 2-14-2011 Date well drilling completed: 2-15-2011

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

Static Water Level: 95 feet above or below (circle one) land surface Date measured: 2-15-2011

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

Hole depth: 172' Well depth: 172' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 152 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .008 inches Setting depth: From 152 feet to 172 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 West 0-672
Print Name of Water Well Contractor and License No.

David 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)

County: Jones
 Permit #: _____
 Driller: David West
 Date completed: 2-15-2011

For Office Use Only:
 Aquifer: _____
 Well #: _____
 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>Jerry Doggett</u> | Latitude: <u>31° 45' 30"</u> Longitude: <u>88° 59' 00"</u> |
| Mailing Address: <u>49 Jerry Doggett Dr</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>Laurel</u> MS <u>39443</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | <u>NW ¼ NE ¼ Sec 15 Twn 9N Rng 10W</u> |
| Telephone No. (local) <u>426-2473</u> | Distance Direction Nearest Town |
| | <u>3 Miles SE of Sandersville</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): _____ | House Power Rating of Motor: <u>2</u> |
| Date Pump Installed: <u>2-15-2011</u> | Setting Depth: _____ feet |
| Rated Pump Capacity: <u>9</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 _____ |
| Test Pumping Rate: _____ Gallons Per Minute | _____ feet after _____ hours of pumping |
| Duration of Pump Test (minimum 4 hours): _____ hours | |

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

David West 0-672 David West
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer