

# 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)961-6938 (fax)

601-360-0535

### For Office Use Only:

Aquifer: G164  
 Well #: \_\_\_\_\_  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: JONES  
 Permit #: \_\_\_\_\_  
 Driller: CAIN  
 Date drilling completed: 2/25/2011

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>ALEX HENDERSON</u>	Latitude: <u>31° 37' 28"</u> Longitude: <u>89° 03' 33"</u>
Mailing Address: <u>647 TOWNSHIP RD.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>LAUREL MS 39442</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>S E 26 8/N 11/W</u>
Telephone No. ( ) <u>601 422-5380</u>	¼ Sec _____ Twn _____ Rng _____
	Distance <u>EAST</u> of <u>TUCKERS CROSS</u>
	Miles _____ of _____

**Well Data**

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

Date well drilling started: 2/25/2011 Date well drilling completed: 2/25/2011

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

Static Water Level: 5' feet above or (below) (circle one) land surface Date measured: 2/25/2011

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

Hole depth: 26' Well depth: 26' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement (Bentonite) Mix

Casing length: 21 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 5' feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: 12 inches Setting depth: From 21 feet to 26 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.

RECEIVED

MS WATER WELL DRILLING 0-374

Print Name of Water Well Contractor and License No.

APR 12 2011

Signature of Water Well Contractor

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)

County: JONES  
 Permit #: \_\_\_\_\_  
 Driller: CAIN  
 Date completed: 2/25/2011

**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>ALEX HENDERSON</u>	Latitude: <u>31° 37' 28"</u> Longitude: <u>89° 03' 33"</u>
Mailing Address: <u>647 TOWNSHIP RD.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>LAUREL MS 39442</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	S E 26 8/N 11/W
Telephone No. <u>(601) 422 - 5380</u>	Distance Direction Nearest Town
	<u>2</u> Miles <u>EAST</u> of <u>TUCKERS CROSS</u>

Pump Type Circle one	Power Type Circle one
Air Lift (Jet) Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	(Electric Motor) Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>2/25/2011</u>	Setting Depth: <u>20</u> feet
Rated Pump Capacity: <u>7</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2/25/2011</u>	Air Line Electric Measuring Line (Steel Tape)
Static Water Level (A): <u>5'</u> 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)]: <u>-</u> Feet Below Land Surface	Well yielded <u>8</u> GPM with a drawdown of
Test Pumping Rate: <u>8</u> Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

MS WATER WELL DRILLING 0-374  
 Print Name of Pump Installer and License No. (if applicable)

Nelson Cain  
 Signature of Pump Installer

RECEIVED  
 APR 12 2011  
 BY: OLWR