

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 #: J-196
L.S. Elevation: _____
E-log #: _____

County: Jones
Permit #: _____
Driller: David West
Date drilling completed: 4-24-09

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>Hobie Hester</u>	Latitude: <u>31° 36' 09"</u> Longitude: <u>89° 19' 08"</u>
Mailing Address: <u>19 Kimberly Drive</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> <small>USGS quad, Hand-held GPS, Survey-grade GPS</small>
<u>Laurel MS 39440</u> City State Zip Code	SE ¼ NE ¼ Sec: <u>S3</u> Twn <u>7N</u> Rng <u>14W</u>
Telephone No. <u>(601) 498 1747</u>	Distance <u>9</u> Miles Direction <u>W</u> of <u>Ellisville</u>

Well Data

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

Date well drilling started: 4-24-09 Date well drilling completed: 4-24-09

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

Static Water Level: 5' feet above or below (circle one) land surface Date measured: 4-24-09

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

Hole depth: 100' Well depth: 100' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 90 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .010 inches Setting depth: From 90 feet to 100 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. Signature of Water Well Contractor

RECEIVED
MAY 21 2009
BY: [Signature]

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: 4-24-09

For Office Use Only:
 Aqifier: _____
 Well #: J-146
 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>Herbie Howell</u>	Latitude: <u>31°36'</u> Longitude: <u>89°19'</u>
Mailing Address: <u>19 Kimberly Dr</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Laurel MS 39440</u>	USGS quad, Eased-held GPS, Survey-grade GPS
City State Zip Code	<u>SE ¼ NE ¼ Sec 8 Twn 7N Rng 14W</u>
Telephone No. <u>(601) 498-1747</u>	Distance Direction Nearest Town
	<u>9 Miles W of Ellisville</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Home Power Rating of Motor: <u>1/2</u>
Date Pump Installed: <u>4-24-09</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
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 West 0-672
 Print Name of Pump Installer and License No. (if applicable)

David West
 Signature of Pump Installer

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 MAY 21 2009
 BY: [unclear]