

State Well Report Part 1 - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2308
Jackson, MS 39225
(601)961-5210
(601)961-5228 (fax)

For Office Use Only:

Aquifer: HORGL
Well #: J162
L. S. Elevation: 215'
E-log #: _____

County: Jones
Permit #: 0-586 17053
Driller: JAMES WELLS
Date drilling completed: 12-2-11

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner (Landowner if borehole is not for a water well) Owner Name: <u>Don Mitchell</u> Mailing Address: <u>650 Leaf River Church Rd.</u> <u>Collins MS 39428</u> City State Zip Code Telephone No. (<u>601</u>) <u>517-1161</u>		Well or Borehole Location Latitude: <u>31.36.05</u> Longitude: <u>89.20.47</u> Method of Lat/Long (circle one): Conventional Survey USGS quad, Hand-held GPS, Survey-grade GPS <u>SW</u> 1/4 <u>NW</u> 1/4 Sec <u>6</u> Twn <u>7N</u> Rng <u>13W</u> Distance Direction Nearest Town <u>13</u> Miles <u>W</u> of <u>Ellisville</u>	
Well / Borehole Data Date drilling started: <u>12-2-11</u> Date drilling completed: <u>12-2-11</u> Hole depth: <u>140</u> Hole diameter: <u>12"</u> Location of the source of any surface water used for drilling: <u>running creek</u> Method of dosing and volume of Chlorine used in drilling and development: <u>shack</u> Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____ Name of organization running log(s): _____ Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) _____ <i>If drilling is not related to water well construction, skip the remainder of this block</i>			
Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation <input checked="" type="checkbox"/> Fish Culture _____ Other: _____ If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ Static Water Level: <u>35</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>12-2-11</u> Method of Measurement (circle one): <input checked="" type="checkbox"/> steel tape <input type="checkbox"/> electric tape <input type="checkbox"/> air line <input type="checkbox"/> other: _____ Well depth: <u>140</u> Well grouted to a depth of <u>1</u> feet Type of grout (circle one): <input checked="" type="checkbox"/> neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix Casing length: <u>80</u> feet Casing diameter: <u>8</u> inches Type of casing: <u>steel</u> Screen length: <u>60</u> feet Screen diameter: <u>8</u> inches Type of screen: <u>steel</u> Screen slot size: <u>.008</u> inches Setting depth: From <u>80</u> feet to <u>140</u> feet Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development Other (describe): _____ Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>			

Form: OLWR-SWR-1A (04/08)

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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)961-6210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
 Well #: J162
 Elevation: _____

Agency: Jones
 Permit #: _____
 Diller: JAMES WELLS
 Date completed: 12-2-11

This report should be prepared by the pump installer in detail and filed with the Department (Office) of the installation of pump.

Well Owner Information		Well Location	
Owner Name: <u>Don Mitchell</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>650 Leaf River Church Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>		
<u>Collins MS 39428</u>	USGS quad, Hand-held GPS, Survey-grade GPS		
City State Zip Code	<u>1/4</u>	<u>1/4</u> Sec <u>6</u>	Twp <u>7N</u> Rng <u>13W</u>
Telephone No. <u>(601) 517-1161</u>	Distance <u>15</u> Miles	Direction <u>W</u>	Nearest Town <u>Fellisville</u>

Pump Type		Power Type	
Circle one		Circle one	
Air Lift	Jet	Diesel Engine	Gasoline Engine
Bucket	Piston	<u>Electric Motor</u>	Natural Gas
Centrifugal	Rotary	Windmill	Tractor PTO
Other (specify): _____	<u>Submersible</u>	Other (specify): _____	
Date Pump Installed: <u>12-2-11</u>	Turbine	Motor Power Rating of Motor: <u>50</u>	
Rated Pump Capacity: <u>650</u> Gallons Per Minute	Flowing Well	Setting Depth: <u>125</u> feet	
		Number of Stages: <u>5</u>	

Pump Test Data		Method of Measuring Water Level	
Circle one		Circle one	
Date Well Tested: <u>12-2-11</u>	Air Line	Electric Measuring Line	<u>Steel Tape</u>
Static Water Level (A): <u>35</u> Feet Below Land Surface	Other (specify): _____		
Pumping Water Level (B): <u>125</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet		
Drawdown (B) - (A): <u>65</u> Feet Below Land Surface	Well yielded <u>700</u> GPM with a drawdown of	<u>30.65</u> feet after	<u>4</u> hours of pumping
Test Pumping Rate: <u>700</u> Gallons Per Minute			
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.
JAMES WELLS 0-586
 Print Name of Pump Installer and License No. (if applicable)
James Wells
 Signature of Pump Installer

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