

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601)961- 5210
(601)961- 5228 (fax)

County: Jones
Permit #: 0-586
Driller: JAMES WELLS
Date drilling completed: 6-16-09

For Office Use Only:
Aquifer:
Well #: N111
L. S. Elevation:
E-log #:

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: Johnny Stackman
Mailing Address: 250 Floyd Strickland Rd
Ellisville MS 39437
Telephone No.: (601) 319-4839
Well or Borehole Location
Latitude: 31° 29' 24" Longitude: 89° 18' 03"
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
NE 1/4 NE 1/4 Sec 16 Twn 6N Rng 13W
Distance 4 Miles Direction SW of Nearest Town Mosselle

Well / Borehole Data
Date drilling started: 6/16/09 Date drilling completed: 6/16/09 Hole depth: 70 Hole diameter: 7 1/2"
Location of the source of any surface water used for drilling: Community
Method of dosing and volume of Chlorine used in drilling and development: shock
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:
Name of organization running log(s):
Purpose of borehole (check one): Water Well X Geotechnical/Geological Investigation Seismic Survey Other (describe)
If drilling is not related to water well construction, skip the remainder of this block
Purpose of Well (check one): Home X Industrial Public Supply Irrigation Fish Culture Other:
If a flowing well, method of flow regulation: Valve Other (describe)
Static Water Level: 30 feet above or below (circle one) land surface Date measured: 6-16-09
Method of Measurement (circle one) steel tape electric tape air line other:
Well depth: 70 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 50 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 50 feet to 70 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 next page

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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: Jones
 Permit #: _____
 Driller: JAMES WELLS
 Date completed: 6-16-09
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: N111
 Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Johnny Stackman</u>	Latitude: <u>31° 29' 24"</u> Longitude: <u>89° 18' 03"</u>
Mailing Address: <u>250 Floyd Strickland Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Ellisville MS 39437</u> City State Zip Code	<u>NE 1/4 NE 1/4 Sec 16 T6N R13W</u>
Telephone No. <u>(601) 319-4839</u>	Distance Direction Nearest Town <u>4</u> Miles <u>SW</u> of <u>Mosselle</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <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>6-16-09</u>	Setting Depth: <u>50</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-16-09</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u>
Static Water Level (A): <u>30</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>50</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>38</u> Feet Below Land Surface	Well yielded <u>8</u> GPM with a drawdown of
Test Pumping Rate: <u>17</u> Gallons Per Minute	<u>17</u> feet after <u>4</u> 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.

JAMES WELLS 0-586 James Wells
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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

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