

# 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)961-5226 (fax)

County: Lamar  
Permit #: 0-586  
Driller: JAMES WELLS  
Date drilling completed: 5-20-08

**For Office Use Only:**  
Aquifer: \_\_\_\_\_  
Well #: A-171  
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  | Well or Borehole Location  |
|--|--|
| Owner Name: <u>Howlin</u> (#2)<br>Mailing Address: <u>325 Scruggs Rd.</u><br><u>Sumrall MS 39482</u><br>City State Zip Code<br>Telephone No. <u>(601) 758-4440</u> | Latitude: _____ Longitude: _____<br>Method of Lat/Long (circle one): <input checked="" type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS<br>_____% ____% Sec <u>31</u> Twn <u>5N</u> Rng <u>16W</u><br>Distance Direction Nearest Town<br><u>7</u> Miles <u>S</u> of <u>Sumrall</u> |

**Well / Borehole Data**

Date drilling started: 5-20-08 Date drilling completed: 5-20-08 Hole depth: 100 Hole diameter: 8

Location of the source of any surface water used for drilling: community water  
Method of dosing and volume of Chlorine used in drilling and development: 2lb chlorine

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  Geotechnical/Geological Investigation  Ground Source Heat Pump \_\_\_\_\_  
 Scientific Survey  Other (describe): \_\_\_\_\_  
*If drilling is not related to water well construction, skip the remainder of this block*

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

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

Static Water Level: 45 feet above of below (circle one) land surface Date measured: 5-20-08

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

Well depth: 100 Well grouted to a depth of 10 feet Type of grout (circle one):  neat cement  Benosonic  Mix

Casing length: 80 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 1 inches Type of screen: PVC

SCREEN DIA SIZE: .008 inches setting depth: From 80 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 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: Lamar  
 Permit #: \_\_\_\_\_  
 Driller: JAMES WELLS  
 Date completed: 5-20-08  
 Copy information from block on Part 1

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: A-171  
 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>Howlin #2</u>            | Latitude: _____ Longitude: _____  |
| Mailing Address: <u>325 Saruggs Rd.</u> | Method of Lat/Long (check one): Conventional Survey _____<br>USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ |
| <u>Sumrall MS 39482</u>                 | USGS quad <u>31 5N R 16W</u>  |
| City State Zip Code                     | Distance Direction Nearest Town   |
| Telephone No.: <u>(601) 758-4440</u>    | <u>7 miles S of Sumrall</u>   |

| Pump Type<br>Circle one  | Pump Type<br>Circle one  |
|--|--|
| Air Lift: Jet <input type="checkbox"/> <u>Submersible</u>                          | Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>         |
| Bucket: Piston <input type="checkbox"/> Turbine <input type="checkbox"/>           | <u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> |
| Centrifugal: Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> | Other (specify): _____   |
| Date Pump Installed: <u>5-20-08</u>  | Motor Power Rating of Motor: <u>1 1/2</u>  |
| Rated Pump Capacity: <u>20</u> Gallons Per Minute                                  | Setting Depth: <u>80</u> feet  |
|  | Number of Stages: <u>11</u>  |

| Pump Test Data   | Method of Measuring Water Level<br>Circle one  |
|--|--|
| Date Well Tested: <u>5-20-08</u>                           | Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u> |
| Static Water Level (A): <u>45</u> Feet Below Land Surface  | Other (specify): _____   |
| Pumping Water Level (B): <u>80</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet  |
| Drawdown (B) - (A): <u>55</u> Feet Below Land Surface      | Well yielded <u>26</u> GPM with a drawdown of  |
| Test Pumping Rate: <u>26</u> Gallons Per Minute            | <u>10</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 0586  
 Print Name of Pump Installer and License No. (if applicable)

James Wells  
 Signature of Pump Installer

FORM OLEWRS-377C-1B (04/00)

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 JUN 10 2008  
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