

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: LAMAR
 Permit #: 0-586
 Driller: JAMES WELLS
 Date drilling completed: 5-12-10

For Office Use Only:
 Aquifer: B109
 Well #: _____
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Martin Baker</u>	Latitude: <u>31° 24' 38"</u> Longitude: <u>89° 29' 36"</u>
Mailing Address: <u>1875 Hwy 42</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Sumrall MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW 1/4 SE 1/4 Sec 10 Twn 5N Rng 15W</u>
Telephone No. <u>(601) 261 9800</u>	Distance Direction Nearest Town <u>3 Miles EAST of Sumrall</u>

Well / Borehole Data

Date drilling started: 5-12-10 Date drilling completed: 5-12-10 Hole depth: 220 Hole diameter: 7

Location of the source of any surface water used for drilling: creek

Method of dosing and volume of Chlorine used in drilling and development: 3 1/2 Shook

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 _____

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 Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____

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

Static Water Level: _____ feet above or below (circle one) land surface Date measured: 5-12-10

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

Well depth: 280 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 280 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 260 feet to 280 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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If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Top Sand	0	2
Clay	2	10
Sand	10	50
Clay	50	180
Sand	180	280

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.

Landowner Name: Martin Baker

James Wells
 Signature of Water Well Contractor

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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)961-5210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: B109
Well #: _____
Elevation: _____

County: LAMAR
Permit #: _____
Driller: JAMES WELLS
Date completed: 5-12-10

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>Markin Baker</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1875 Hwy 42</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Sumrall</u>	<u>1/4</u> <u>1/4</u> Sec <u>10</u> Twn <u>5N</u> Rng <u>15W</u>
City State Zip Code: <u>601 2619800</u>	Distance Direction Nearest Town: <u>3 Miles EAST of Sumrall</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3</u>
Date Pump Installed: <u>5-12-10</u>	Setting Depth: <u>200</u> feet
Rated Pump Capacity: <u>35</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-12-10</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>160</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>200</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>160</u> Feet Below Land Surface	Well yielded <u>35</u> GPM with a drawdown of <u>160</u> feet after <u>4</u> hours of pumping
Test Pumping Rate: <u>35</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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