

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)
 601-360-0535

For Office Use Only:

Aquifer: B111
 Well #: _____
 L. S. Elevation: _____
 E-log #: _____

County: Lamar
 Permit #: _____
 Driller: Cain
 Date drilling completed: 8-6-2010

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>John Lawrence</u>	Latitude: <u>31.24.29</u> Longitude: <u>89.28.59</u>
Mailing Address: <u>599 Hwy 42</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>West</u>	<input type="radio"/> USGS quad, Hand-held GPS, Survey-grade GPS
<u>Sumall MS 39492</u>	<u>SW 1/4 SW 1/4 Sec 11 Twn 5N Rng 15W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 758 4016</u>	<u>2 Miles West of Sumall MS</u>

Well Data

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

Date well drilling started: 8-3-2010 Date well drilling completed: 8-6-2010

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

Static Water Level: 175' feet above or below (circle one) land surface Date measured: 8-6-2010

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

Hole depth: 195 Well depth: 195 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 185 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 10 inches Setting depth: From 185 feet to 195 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.

Ms Water Well Drilling Nelson Cain
 Print Name of Water Well Contractor and License No. 0-374 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)

County: Lamar
 Permit #: _____
 Driller: Cain
 Date completed: 8-6-2010

For Office Use Only:

Aquifer: B111
 Well #: _____
 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>John Lawrence</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>599 Hwy 42</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>West</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Sumall Ms 39482</u>	<u>5</u> 1/4 <u>W</u> 1/4 Sec <u>11</u> Twn <u>5N</u> Rng <u>15W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (601) <u>758-4016</u>	<u>2</u> Miles <u>West</u> of <u>Sumall Ms</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> Submersible <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	Electric Motor <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>8-6-2010</u>	Setting Depth: <u>190'</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-6-2010</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>175</u> Feet Below Land Surface	Other (specify): <u>String</u>
Pumping Water Level (B): <u>170</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>5</u> Feet Below Land Surface	Well yielded <u>8</u> GPM with a drawdown of
Test Pumping Rate: <u>8</u> Gallons Per Minute	<u>5</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.

MS Water Well Drilling Nelson Cain
 Print Name of Pump Installer and License No. (if applicable) 0-374 Signature of Pump Installer

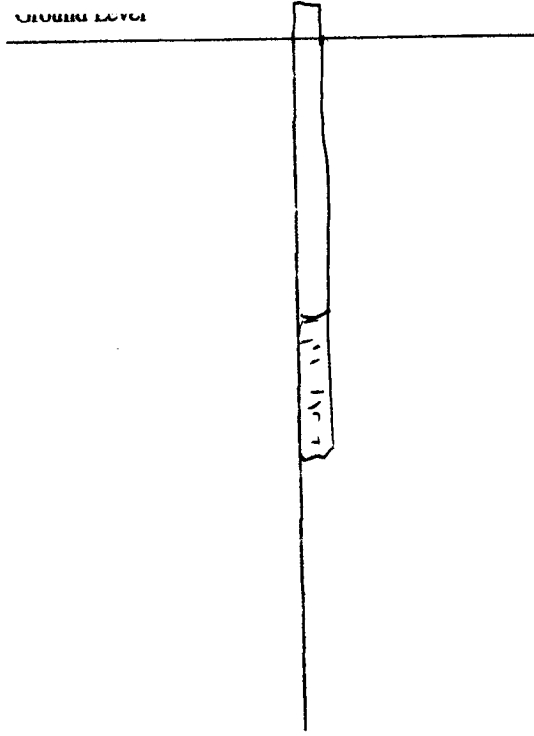
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If well telescopes please sketch below and show depths.

Description of Formations Encountered From To

Ground Level
GROUND LEVEL

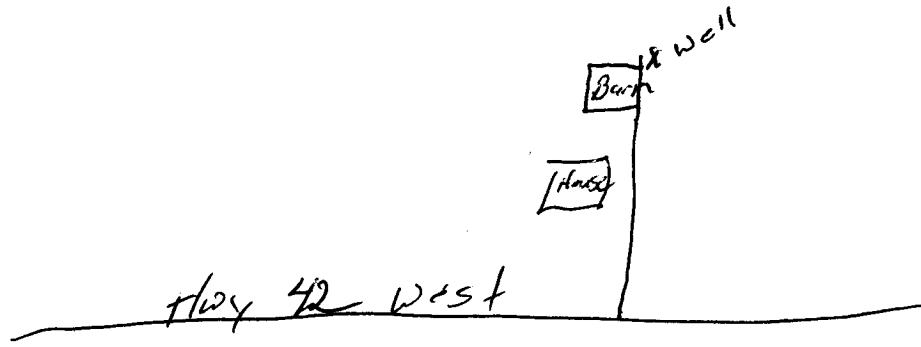
B111



Top Soil & Clay	0	20
Clay	20	40
Sand	40	50
Clay	50	140
Rock	140	142
Clay	142	175
Sand	175	195

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: John Lawrence

Nelson Cain
Signature of Water Well Contractor 0-374

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