

County: LAMAR  
 Permit #: 0-586  
 Driller: JAMES WELLS  
 Date drilling completed: \_\_\_\_\_

**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)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: B117  
 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)	Well or Borehole Location
Owner Name: <u>David Hertz</u>	Latitude: <u>31° 23' 07"</u> Longitude: <u>89° 31' 46"</u>
Mailing Address: <u>4245 N Y 589 South</u> <u>Sumner MS,</u> <u>39482</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SE 1/4 NW 1/4 Sec 20</u> Twn <u>5N</u> Rng <u>15W</u>
Telephone No. <u>(601) 2584332</u>	Distance: <u>3</u> Miles Direction: <u>South</u> of Nearest Town: <u>Sumner</u>

**Well / Borehole Data**

Date drilling started: 9-28-11 Date drilling completed: 9-28-11 Hole depth: 90 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: 2 lb 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  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: 40 feet above or below (circle one) land surface Date measured: 9-28-11

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

Well depth: 90 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 70 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 70 feet to 90 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 \_\_\_\_\_

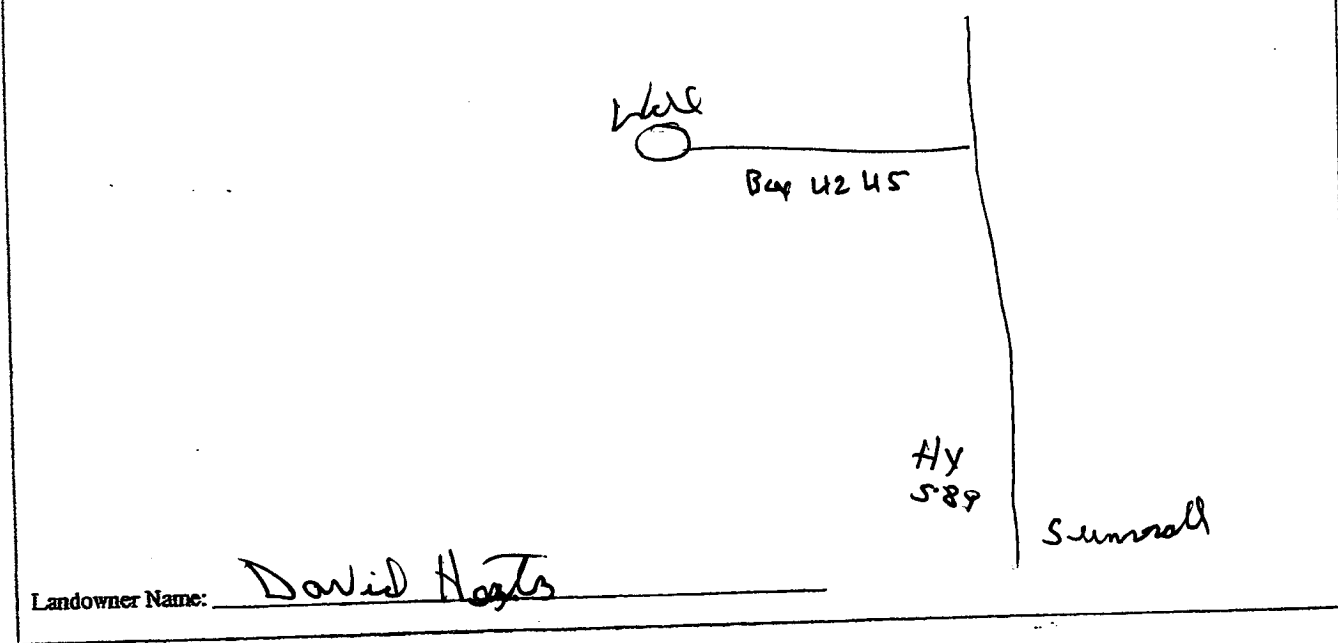
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
Top Soil	0	2
Clay	2	30
Sand	30	90

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.



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)

County: LAMAR  
 Permit #: \_\_\_\_\_  
 Driller: JAMES WELLS  
 Date completed: 9-28-11

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: B117  
 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>David Nanta</u>	Latitude: <u>31-23-07</u> Longitude: <u>89-31-46</u>
Mailing Address: <u>4245 Hwy 5865 south</u> <u>Sennell MS,</u> <u>39482</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	<u>1/4</u> <u>1/4</u> Sec <u>20</u> Twn <u>S4</u> Rng <u>15W</u>
Telephone No. ( <u>601</u> ) <u>2584332</u>	Distance _____ Direction _____ Nearest Town _____ <u>3</u> Miles <u>South</u> of <u>Sennell</u>

Pump Type Circle one	Power Type Circle one
Air Lift: Jet _____ <u>Submersible</u>	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Bucket: Piston _____ Turbine _____	<u>Electric Motor</u> _____ Hand _____ Tractor PTO _____
Centrifugal: Rotary _____ Flowing Well _____	Windmill _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2</u>
Date Pump Installed: <u>9-28-11</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-28-11</u>	Air Line _____ Electric Measuring Line _____ Steel Tape _____
Static Water Level (A): <u>40</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>70</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>30</u> Feet Below Land Surface	Well yielded <u>20</u> GPM with a drawdown of
Test Pumping Rate: <u>20</u> Gallons Per Minute	<u>40</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 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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