

State Well Report

Part I

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: _____
Well #: C-141
L. S. Elevation: _____
E-log #: _____

County: Lamar
Permit #: _____
Driller: JAMES WELLS
Date drilling completed: 4-2-08

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>Brian McCalland</u>	Latitude: _____° _____' _____" Longitude: _____° _____' _____"	Mailing Address: <u>668 Tatum Camp Rd</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>Hattiesburg MS 39402</u>	_____ 1/4 _____ 1/4 Sec <u>36</u> Twn <u>4N</u> Rng <u>16W</u>	City: _____ State: _____ Zip Code: _____	Distance: _____ Miles Direction: <u>South</u> Nearest Town: <u>Hattiesburg MS</u>
Telephone No. <u>(601) 408 4282</u>	Well Data		
Purpose of Well (circle one): <input checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> Other: _____	Date well drilling started: <u>4-2-08</u> Date well drilling completed: <u>4-2-08</u>		
If flowing, method of flow regulation: Valve _____ Other (describe) _____	Static Water Level: <u>110</u> feet above or <input checked="" type="checkbox"/> below (circle one) land surface Date measured: <u>4-2-08</u>		
Method of Measurement (circle one): <input checked="" type="checkbox"/> steel tape <input type="checkbox"/> electric tape <input type="checkbox"/> air line other: _____	Hole depth: <u>200</u> Well depth: <u>200</u> Well grouted to a depth of <u>10</u> feet		
Type of grout (circle one): <input checked="" type="checkbox"/> Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix	Casing length: <u>180</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>		
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	Screen slot size: <u>008</u> inches Setting depth: From <u>180</u> feet to <u>200</u> feet		
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> 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): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> 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.		
<u>JAMES WELLS</u> <u>0-586</u>	<u>James Wells</u> Signature of Water Well Contractor		
Print Name of Water Well Contractor and License No.			

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C-141

If well telescopes please sketch below and show depths.

Ground Level

Sketch area for well telescopes, showing depths and ground level.

Description of Formations Encountered	From	To
Top Sand	0	2
Sand	2	170
Sand	175	260

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: Brian McLenahan

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: _____
 Well #: C-141
 Elevation: _____

County: Lamar
 Permit #: _____
 Driller: JAMES WELLS
 Date completed: 4-2-08

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>Brian McLeod</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>668 Telam Camp Rd</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey,
<u>Nathinsburg MS 39402</u>	<input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>1/4</u> <u>1/4</u> Sec <u>36</u> Twn <u>4N</u> Rng <u>16W</u>
Telephone No. <u>(601) 468 4282</u>	Distance: _____ Direction: _____ Nearest Town: _____
	<u>2</u> Miles <u>South</u> of <u>Nathinsburg</u>

Pump Type Circle one	Power Type Circle one
Air Lift: <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u>	Diesel Engine: _____ Gasoline Engine: _____ Natural Gas: _____
Bucket: <input type="checkbox"/> Piston <input type="checkbox"/> Turbine	<input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
Centrifugal: <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well	Windmill: _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2</u>
Date Pump Installed: <u>4-2-08</u>	Setting Depth: <u>166</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>4-2-08</u>	Air Line: _____ Electric Measuring Line: _____ <input checked="" type="checkbox"/> <u>Steel Tape</u>
Static Water Level (A): <u>116</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>260</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>110</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>110</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)

James Wells
 Signature of Pump Installer

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