

State Well Report Part 1

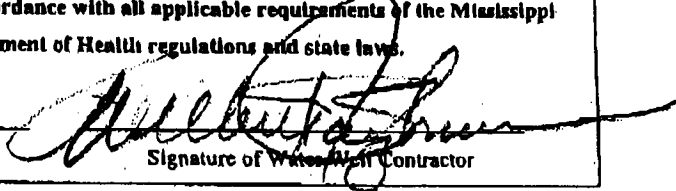
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

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

County: LAMAR
Permit #: _____
Driller: A-1 DRILLING
Date drilling completed: 11-19-05

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 M. SIMS (21)</u>	Latitude: _____ " Longitude: _____ "	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	
Mailing Address: <u>500 CENTRAL AVE</u>	SE 1/4 SE 1/4 Sec <u>4</u> Twn <u>4N</u> Rng <u>15W</u>		
<u>LAUREL MS 39440</u> City State Zip Code	Distance <u>5</u> Miles	Direction <u>S</u>	Nearest Town <u>SUMRALL</u>
Telephone No. <u>(601) 649-9294</u>			
Well Data			
Purpose of Well (circle one) Home <input type="radio"/> Industrial <input checked="" type="radio"/> Public Supply <input type="radio"/> Irrigation <input type="radio"/> Fish Culture <input type="radio"/> Other: <u>LOG SPRINKLING & SHOP USE</u>			
Date well drilling started: <u>11-12-05</u>		Date well drilling completed: <u>11-19-05</u>	
If flowing, method of flow regulation: Valve <u>NA</u> Other (describe) _____			
Static Water Level: <u>92</u> feet above or below (circle one) land surface		Date measured: <u>11-18-05</u>	
Method of Measurement (circle one) <input checked="" type="radio"/> steel tape <input type="radio"/> electric tape <input type="radio"/> air line other: _____			
Hole depth: <u>146</u> Well depth: <u>143</u>		Well grouted to a depth of <u>12</u> feet	
Type of grout (circle one): <input checked="" type="radio"/> Cement <input checked="" type="radio"/> Bentonite <input type="radio"/> Mix			
Casing length: <u>125</u> feet		Casing diameter: <u>4</u> inches	
Screen length: <u>20</u> feet		Screen diameter: <u>4</u> inches	
Screen slot size: <u>1006</u> inches		Setting depth: From <u>123</u> feet to <u>143</u> feet	
Type of completion (circle all applicable): Gravel packed <input type="radio"/> Underreamed <input type="radio"/> Telescoped <input type="radio"/> Open hole <input checked="" type="radio"/> Natural Development			
Other (describe): _____			
Top of lap pipe or reduction in casing: <u>NA</u> feet. If telescoped or more than one screen, describe on back of page			
Logs run (circle all applicable): <input checked="" type="radio"/> No log run <input type="radio"/> Electric <input type="radio"/> Gamma Ray <input type="radio"/> Density <input type="radio"/> Sonic <input type="radio"/> Neutron Other: _____			
Name of organization running log(s): <u>NA</u>			
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>A-1 DRILLING SERV INC 0410</u>			
Print Name of Water Well Contractor and License No.		Signature of Water Well Contractor	

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BY: OLWR

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 #: D-141
 Elevation: _____

County: LAMAR
 Permit #: _____
 Driller: A-1 DRILLING
 Date completed: 12-2-05

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 M. SIMS (M)</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>500 CENTRAL AVE</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>LAUREL MS 39440</u> City State Zip Code	<u>SE 1/4 SE 1/4 Sec 4 Twn 4N Rng 15W</u>
Telephone No. <u>(601) 644-9294</u>	Distance Direction Nearest Town <u>1.5 Miles S of SWARALL</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <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>5</u>
Date Pump Installed: <u>12-2-05</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>NA</u>	Air Line <input type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>92</u> Feet <input checked="" type="radio"/> Land Surface	Other (specify): _____
Pumping Water Level (B): <u>NA</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>NA</u> feet
Drawdown [(B) - (A)]: <u>NA</u> Feet Below Land Surface	Well yielded <u>NA</u> GPM with a drawdown of
Test Pumping Rate: <u>--</u> Gallons Per Minute	<u>NA</u> feet after <u>NA</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>--</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
WILBUR T. BAUGHMAN 0410
 Print Name of Pump Installer and License No. (if applicable)
[Signature]
 Signature of Pump Installer

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