

County: Lamar  
 Permit #: 0-586  
 Driller: JAMES WELLS  
 Date drilling completed: 8-17-11

**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 #: F97  
 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<br>(Landowner if borehole is not for a water well) | Well or Borehole Location   |
|--|---|
| Owner Name: <u>Charles Cooper</u>  | Latitude: <u>31° 11' 15"</u> Longitude: <u>89° 37' 54"</u>  |
| Mailing Address: <u>411 Pinckney Rd</u>                                      | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Lumberton MS</u><br>39455   | <u>SW 1/4 SW 1/4 Sec 29 Twn 34 Rng 16W</u>  |
| City: _____ State: _____ Zip Code: _____                                     | Distance: <u>12</u> Miles Direction: <u>West</u> of Nearest Town: <u>Pinckney</u>                   |
| Telephone No. ( <u>601</u> ) <u>4410056</u>                                  |   |

**Well / Borehole Data**

Date drilling started: 8-17-11 Date drilling completed: 8-17-11 Hole depth: 325 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 lbs 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: 180 feet above or below (circle one) land surface Date measured: 8-17-11

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

Well depth: 325 Well grouted to a depth of 10 feet Type of grout (circle one):  Neat Cement  Bentonite  Mix

Casing length: 300 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 25 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .008 inches Setting depth: From 304 feet to 325 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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# 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 #: F97

Elevation: \_\_\_\_\_

County: LAMAR  
Permit #: 0-586  
Driller: JAMES WELLS  
Date completed: 8-17-11

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>Charles Cooper</u>   | Latitude: <u>31-11-15</u> Longitude: <u>89-37-54</u>  |
| Mailing Address: <u>411 Pineburn Rd</u><br><u>Dumbarton, MS</u><br><u>39455</u> | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS<br><u>SW 1/4 SW 1/4 Sec 29 Twn 34 Rng 16W</u> |
| City _____ State _____ Zip Code _____   | Distance _____ Direction _____ Nearest Town _____<br><u>12 Miles West of Purvis MS</u>  |
| Telephone No. <u>(601) 441-0056</u>   |   |

| Pump Type<br>Circle one  | Power Type<br>Circle one   |
|--|--|
| Air Lift: Jet <input type="checkbox"/> <u>Submersible</u>                          | Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> |
| Bucket: Piston <input type="checkbox"/> Turbine <input type="checkbox"/>           | <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>    |
| Centrifugal: Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> | Windmill <input type="checkbox"/> Other (specify): _____   |
| Other (specify): _____   | Horse Power Rating of Motor: <u>1</u>  |
| Date Pump Installed: <u>8-17-11</u>  | Setting Depth: <u>14</u> feet  |
| Rated Pump Capacity: <u>15</u> Gallons Per Minute                                  | Number of Stages: _____  |

| Pump Test Data  | Method of Measuring Water Level<br>Circle one  |
|---|--|
| Date Well Tested: <u>8-17-11</u>                            | Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u> |
| Static Water Level (A): <u>180</u> Feet Below Land Surface  | Other (specify): _____   |
| Pumping Water Level (B): <u>220</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet  |
| Drawdown [(B) - (A)]: <u>180</u> Feet Below Land Surface    | Well yielded <u>15</u> GPM with a drawdown of<br><u>180</u> feet after <u>4</u> hours of pumping     |
| Test Pumping Rate: <u>15</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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SEP 19 2011

BY: OLWR