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)

County: Lamar
Permit #: O-586
Driller: JAMES WELLS
Date drilling completed: 6-23-11

For Office Use Only:
Aquifer: J 341
Well #:
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)

Owner Name: Robert Dearman
Mailing Address: 2088 Purvis Bartwilla Rd
Lumberton MS 39455
City State Zip Code
Telephone No. (601) 7662262

Well or Borehole Location

Latitude: 31 · 05 · ~~14~~ 47" Longitude: 89 · 33 · ~~15~~ 23"
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
~~SE~~ NW ¼ ~~SE~~ NE ¼ Sec 36 Twn 2N Rng 16W
Distance 10 Miles Direction NW of Nearest Town Lumberton

Well / Borehole Data

Date drilling started: 6-23-11 Date drilling completed: 6-23-11 Hole depth: 140 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: Shock 2 bl

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: 80 feet above or (below) (circle one) land surface Date measured: 6-23-11

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

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

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

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

Screen slot size: .008 inches Setting depth: From _____ feet to _____ 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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J 341

The sketch below only required for water wells

If well telescopes, show depths on sketch.

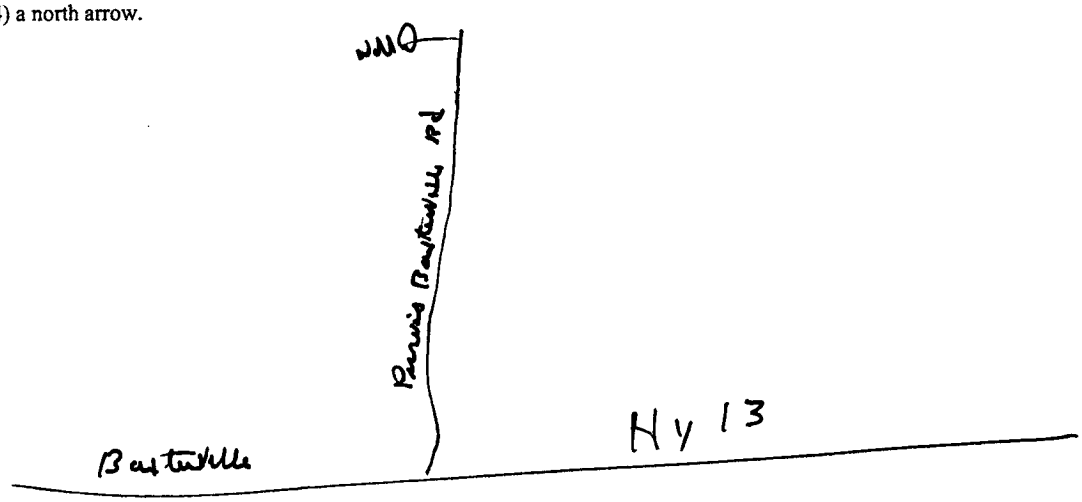
Ground Level

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	2
Clay	2	40
Sand	40	80
Pea gravel	80	140

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) a north arrow.



Landowner Name: Robert Duerman

Form: OLWR-SWR-1A (04/08)

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

JAMES WELLS 0-586 | | James Wells

Print Name of Responsible Licensee and License No. | **Date** | **Signature of Licensee**

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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: 6-23-11

For Office Use Only:
Aquifer:
Well #: J341
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

Owner Name: Robert Deaver
Mailing Address: 2088 Prentiss Bartlett Rd
Lumberton MS 39455
City State Zip Code
Telephone No. (601) 796 2262

Well Location

Latitude: Longitude:
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
___ ¼ ___ ¼ Sec 36 Twn 2N Rng 16W
Distance 10 Miles Direction NW of Lumberton MS

Pump Type
Circle one

Air Lift, Jet, ~~Submersible~~
Bucket, Piston, Turbine
Centrifugal, Rotary, Flowing Well
Other (specify):
Date Pump Installed: 6-23-11
Rated Pump Capacity: 15 Gallons Per Minute

Power Type
Circle one

Diesel Engine, Gasoline Engine, Natural Gas
~~Electric Motor~~, Hand, Tractor PTO
Windmill, Other (specify):
Horse Power Rating of Motor: 1
Setting Depth: 100 feet
Number of Stages: 14

Pump Test Data

Date Well Tested: 6-23-11
Static Water Level (A): 80 Feet Below Land Surface
Pumping Water Level (B): 100 Feet Below Land Surface
Drawdown [(B) – (A)]: 90 Feet Below Land Surface
Test Pumping Rate: 15 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level
Circle one

Air Line, Electric Measuring Line, Steel Tape
Other (specify):
For flowing well, measured shut in head: ___ feet
Well yielded 15 GPM with a drawdown of 80 feet after 4 hours of pumping

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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