

State Well Report

Part I - 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 #: 0-586
Driller: JAMES WELLS
Date drilling completed: 4-10-12

For Office Use Only:
Aquifer: _____
Well #: K206
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>Chad Atkins</u>	Latitude: <u>31° 07' 15.6"</u> Longitude: <u>089° 21' 21.8"</u>
Mailing Address: <u>27 Timber-creek Dr.</u>	Method of Lat/Long (circle one): <u>09</u> Conventional Survey, <u>12</u>
<u>Parvis MS 39475</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE</u> <u>1/4</u> <u>SE</u> <u>1/4</u> Sec <u>19</u> Twn <u>2N</u> Rng <u>14W</u>
Telephone No. <u>(601) 297-8808</u>	Distance Direction Nearest Town
	<u>4</u> Miles <u>SW</u> of <u>Parvis</u>
Well / Borehole Data	
Date drilling started: <u>4-10-12</u> Date drilling completed: <u>4-10-12</u> Hole depth: <u>100</u> Hole diameter: <u>7 1/2"</u>	
Location of the source of any surface water used for drilling: <u>Water well</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>shock</u>	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____	
Seismic Survey _____ Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>70</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>4-10-12</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Well depth: <u>100</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): <u>Neat Cement</u> Bentonite Mix	
Casing length: <u>80</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>80</u> feet to <u>100</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	

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

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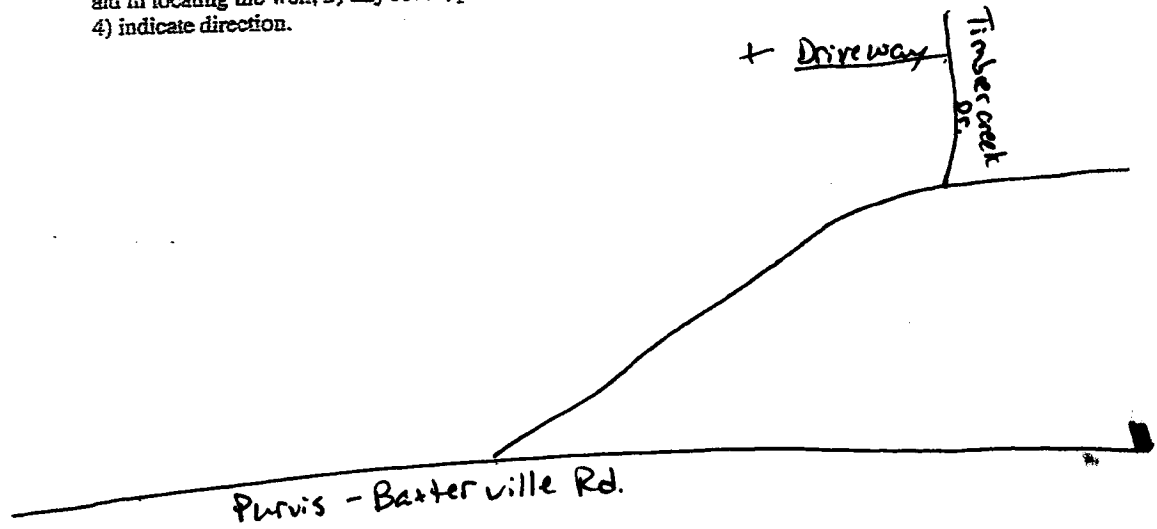
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
topsoil	0	1
clay	1	75
sand	75	100

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.



Purvis X

Landowner Name: Chad Atkins

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: 4-10-12

For Office Use Only:

Aquifer: _____
 Well #: K206
 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>Chad Atkins</u>	Latitude: <u>31° 07.156'</u> Longitude: <u>089° 27.212'</u>
Mailing Address: <u>27 Timbercreek Dr.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Purvis MS 39475</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 SE 1/4 Sec 19 Twn 2N Rng 14W</u>
Telephone No. <u>(601) 2975808</u>	Distance Direction Nearest Town
	<u>4</u> Miles of <u>Purvis</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2</u>
Date Pump Installed: <u>4-10-12</u>	Setting Depth: <u>85</u> feet
Rated Pump Capacity: <u>19</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-10-12</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u> <input checked="" type="checkbox"/>
Static Water Level (A): <u>70</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>85</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>75</u> Feet Below Land Surface	Well yielded <u>24</u> GPM with a drawdown of
Test Pumping Rate: <u>24</u> Gallons Per Minute	<u>5</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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