

County: L. Lawrence  
 Permit #: 0-586  
 Driller: JAMES WELLS  
 Date drilling completed: 3-6-12

**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 #: C17  
 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>Richard Green</u>	Latitude: <u>N31° 38.086'</u> Longitude: <u>W090° 12.968'</u>
Mailing Address: <u>686 Sontag-Moala Rd</u> <u>Sontag, MS</u>	Method of Lat/Long (circle one): Conventional Survey, <u>57</u>
City: _____ State: _____ Zip Code: <u>39665</u>	USGS quad, Hand-held GPS, Survey-grade GPS <input checked="" type="checkbox"/>
Telephone No. <u>(601) 587-4374</u>	SW <input type="checkbox"/> NE <input type="checkbox"/> Sec <u>28</u> Twn <u>29</u> Rng <u>10E</u>
	Distance <u>10</u> Miles Direction <u>W</u> of Nearest Town <u>Menocello</u>

**Well / Borehole Data**

Date drilling started: 3-6-12 Date drilling completed: 3-6-12 Hole depth: 340 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: shark 3lb

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: 140 feet above or below (circle one) land surface Date measured: 3-6-12

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

Well depth: 340 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 310 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .008 inches Setting depth: From 310 feet to 340 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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If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	20
Silt	20	60
Sand	60	280
Sand	280	340

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: Richard Green

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 #: C17  
Elevation: \_\_\_\_\_

County: Leflore  
Permit #: \_\_\_\_\_  
Driller: JAMES WELLS  
Date completed: 3-6-12

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>Richard Green</u>	Latitude: <u>N 31° 38.086</u> Longitude: <u>W 090° 12.963</u>
Mailing Address: <u>686 Sontag-Molard Rd</u> <u>Sontag, MS</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: <u>39665</u>	<u>1/4</u> <u>1/4</u> Sec <u>20</u> Twn <u>8N</u> Rng <u>10E</u>
Telephone No. ( <u>601</u> ) <u>587 4374</u>	Distance: <u>10</u> Miles Direction: <u>West</u> of Nearest Town: <u>Marionville</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>3-6-12</u>	Setting Depth: <u>170</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>3-6-12</u>	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
Static Water Level (A): <u>140</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>170</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>150</u> Feet Below Land Surface	Well yielded <u>20</u> GPM with a drawdown of <u>140</u> feet after <u>4</u> hours of pumping
Test Pumping Rate: <u>20</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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