

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 #: H49
L. S. Elevation: _____
E-log #: _____

County: Lawrence
Permit #: 0-586
Driller: JAMES WELLS
Date drilling completed: 7-16-12

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>James Sanders</u>	Latitude: <u>31° 32.638'</u> Longitude: <u>090° 01:024'</u>
Mailing Address: <u>2970 Hwy 43A</u>	Method of Lat/Long (circle one): Conventional Survey, <u>38</u>
<u>Silver Creek MS 39163</u>	USGS quad, Hand-held GPS, Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	<u>NW 1/4 SE 1/4 Sec 28 Twn 7N Rng 20W</u>
Telephone No. <u>(601) 886-7639</u>	Distance Direction Nearest Town
	<u>10 Miles S of Silver Creek</u>

Well / Borehole Data

Date drilling started: 7-16-12 Date drilling completed: 7-16-12 Hole depth: 50 Hole diameter: 7 1/2"

Location of the source of any surface water used for drilling: Community

Method of dosing and volume of Chlorine used in drilling and development: Shack

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: 20 feet above or below (circle one) land surface Date measured: 7-16-12

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

Well depth: 50 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 30 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .008 inches Setting depth: From 30 feet to 50 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)961-3210
(601)354-6938 (fax)

For Office Use Only:

County: Lawrence
 Permit #: _____
 Driller: JAMES WELLS
 Date completed: 7-16-12

Aquifer: _____
 Well #: 449
 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>James Sanders</u>	Latitude: <u>31°32.638</u> Longitude: <u>090°01.024</u>
Mailing Address: <u>2970 Hwy 43A</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>Silver Creek MS 39663</u>	<input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City State Zip Code	<u>NW</u> ¼ <u>SE</u> ¼ Sec <u>28</u> Twn <u>7N</u> Rng <u>20W</u>
Telephone No. (<u>601</u>) <u>886-7639</u>	Distance Direction Nearest Town <u>10</u> Miles <u>5</u> of <u>Silver Creek</u>

Pump Type Circle one	Power Type Circle one
Air Lift: <input type="radio"/> Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas
Bucket: <input type="radio"/> Piston <input type="radio"/> Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal: <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2</u>
Date Pump Installed: <u>7-16-12</u>	Setting Depth: <u>45</u> feet
Rated Pump Capacity: <u>25</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-16-12</u>	Air Line <input type="radio"/> Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u>
Static Water Level (A): <u>20</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>45</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>28</u> Feet Below Land Surface	Well yielded <u>35</u> GPM with a drawdown of
Test Pumping Rate: <u>35</u> Gallons Per Minute	<u>8</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 James Wells
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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