

County: LAWRENCE  
 Permit #: 0-586  
 Driller: JAMES WELLS  
 Date drilling completed: 5-28-08

**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)981-5210  
 (601)961-5226 (fax)

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: L-65  
 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 of the above named 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: Kevin Stamps  
 Mailing Address: 35 Mill Lane  
Silver Creek MS  
39663  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone No. (\_\_\_\_) \_\_\_\_\_

**Well or Borehole Location**  
 Latitude: 31° 28' 32" Longitude: 89° 59' 17"  
 Method of Lat/Long (circle one): Conventional Survey  
 USGS quad: Hand-held GPS, Survey-grade GPS  
 NE  NW  SE  SW  Twp 6N Rng 20W  
 Distance: 7 Miles Direction: S.E. of Nearest Town: Monkalo MS

**Well / Borehole Data**  
 Date drilling started: 5-28-08 Date drilling completed: 5-28-08 Hole depth: 150 Hole diameter: 7 in  
 Location of the source of any surface water used for drilling: Community  
 Method of casing and volume of Chlorine used in drilling and development: 2 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: 80 feet above or  below (circle one) land surface Date measured: 5-28-08  
 Method of measurement (circle one):  steel tape  electronic tape  air line  other: \_\_\_\_\_  
 Well depth: 150 Well grouted to a depth of 10 feet Type of grout (circle one):  Cement  Bentonite  Other: \_\_\_\_\_  
 Casing length: 130 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 130 feet to 150 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-SWH-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 2309  
JACKSON, MS 39240  
(601) 961-5210  
(800) 482-6363 (Toll Free)

For Office Use Only

County: LAWRENCE  
 Permit #: \_\_\_\_\_  
 Driller: JAMES S. WILLS  
 Date Installed: 5-28-08  
Copy information from block on Part 1

Asst. Dir.: \_\_\_\_\_  
 Well #: L-65  
 Elevation: \_\_\_\_\_

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the address indicated within 30 days of well completion.*

Owner Name: Kerina Stamps  
 Mailing Address: 35 Gill Lane  
Silver Creek, MS  
39663  
 Telephone No.: \_\_\_\_\_

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_  
 Method of Lat./Long. (check one):  Conventional Survey  
 USGS quad \_\_\_\_\_  Hand-held GPS \_\_\_\_\_  Survey-grade GPS \_\_\_\_\_  
 Twp. \_\_\_\_\_ Sec. 23 T. 64 R. 20W  
 Distance \_\_\_\_\_ Direction: SE of Monticello, MS

Pump Type Circle one			Power Type Circle one		
Air Lift	<input type="checkbox"/> Jet	<input checked="" type="checkbox"/> <u>Submersible</u>	Diesel Engine	<input checked="" type="checkbox"/> Gasoline Engine	<input type="checkbox"/> Natural Gas
Bucket	<input type="checkbox"/> Piston	<input type="checkbox"/> Turbine	<input checked="" type="checkbox"/> <u>Electric Motor</u>	<input type="checkbox"/> Hand	<input type="checkbox"/> Tractor PTO
Construction	<input type="checkbox"/> Rotary	<input type="checkbox"/> <u>Flowing Well</u>	Well Diameter	Casing (specify): _____	
Color (specify): _____	Date Pump Installed:	<u>5-28-08</u>	Motor Power Rating of Motor:	<u>1</u>	
Rated Pump Capacity:	<u>15</u>	Gallons Per Minute	Casing Depth:	<u>120</u> Feet	
			Number of Stages:	<u>14</u>	

Pump Test Data		Method of Measuring Water Level Circle one	
Well Well Tested:	<u>5-28-08</u>	Air Line	<input checked="" type="checkbox"/> <u>Electric Measuring Line</u>
Static Water Level (ft):	<u>80</u> Feet Below Land Surface	Other (specify): _____	
Discharge Water Level (ft):	<u>120</u> Feet Below Land Surface	For flowing well, measured static head _____ feet	
Drawdown (ft) - (A):	<u>80</u> Feet Below Land Surface	Well yielded _____	<u>15</u> Gallons with a drawdown of _____
Test Pumping Rate:	<u>15</u> Gallons Per Minute	<u>80</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 S. WILLS 0586  
 PRINT NAME OF PUMP INSTALLER HERE (INCLUDE FULL BUSINESS ADDRESS)  
 SIGNATURE AND TITLE (INCLUDE BUSINESS ADDRESS)  
 PHONE: ( ) \_\_\_\_\_

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JUN 10 2008

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