

County: Marion
Permit #: 0-586
Driller: JAMES WELLS
Date drilling completed: 7-31-12

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 #: G116
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>Evelyn Bozeman</u>	Latitude: <u>31°20.151</u> Longitude: <u>089°46.657</u>
Mailing Address: <u>250 Riley Rd.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Columbia MS 39429</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW</u> <u>SE</u> <u>2</u> <u>4N</u> <u>18W</u>
	Distance Direction of Nearest Town
Telephone No. ()	<u>10</u> Miles <u>N</u> of <u>Columbia</u>

Well / Borehole Data

Date drilling started: 7-31-12 Date drilling completed: 7-31-12 Hole depth: 60 Hole diameter: 7 1/2"

Location of the source of any surface water used for drilling: running creek

Method of dosing and volume of Chlorine used in drilling and development: 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: 25 feet above or below (circle one) land surface Date measured: 7-31-12

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

Well depth: 60 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 40 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 40 feet to 60 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

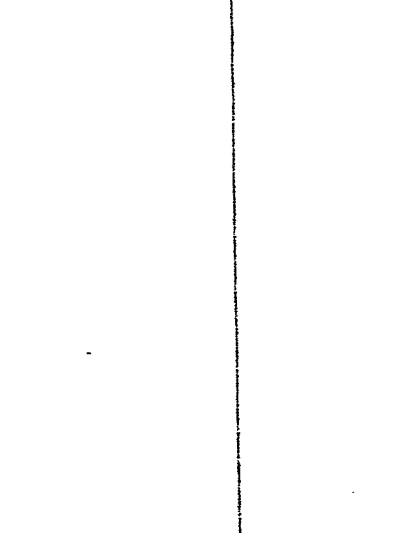
Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

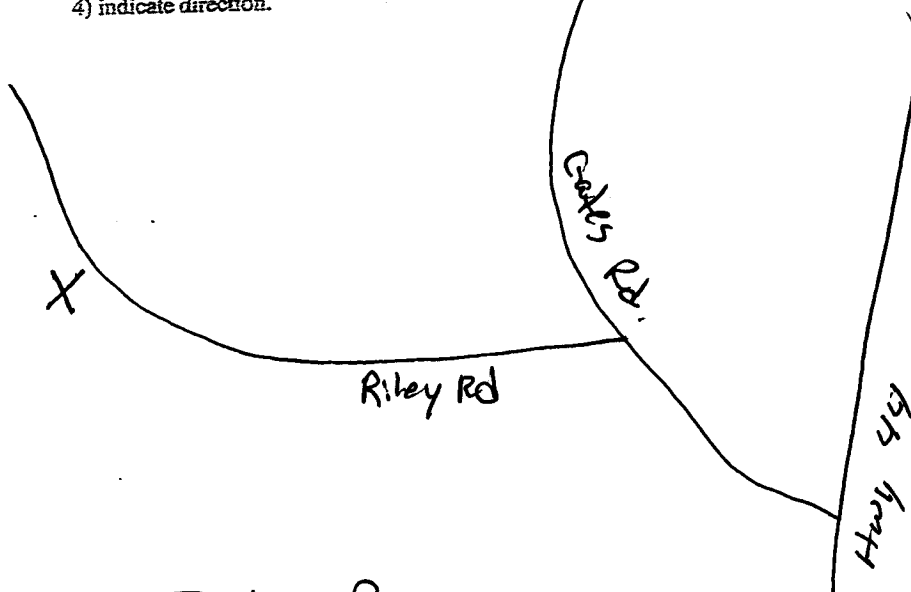
Form: OLWR-SWR-1A (04/08)

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SEP 10 2012
BY: OLWR

G116

[illegible]

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: Evelyn Bozeman

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)961-3210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: G116

Elevation: _____

County: Marion
Permit #: _____
Driller: JAMES WELLS
Date completed: 7-31-12

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

Owner Name: Evelyn Bozeman
Mailing Address: 250 Riley Rd.
Columbia MS 39429
City State Zip Code
Telephone No. () _____

Well Location

Latitude: 31°20.151 Longitude: 089°46.657
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS, Survey-grade GPS
NW $\frac{1}{4}$ SE $\frac{1}{4}$ Sec Q Twp 4N Rng 18W
Distance Direction Nearest Town
10 Miles N of Columbia

Pump Type Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify): _____
Date Pump Installed: 7-31-12
Rated Pump Capacity: 12 Gallons Per Minute

Power Type Circle one

~~Gasoline Engine~~ Gasoline Engine Natural Gas
Electric Motor Hand Tractor PTO
Windmill Other (specify): _____
Horse Power Rating of Motor: 1
Setting Depth: 50 feet
Number of Stages: 14

Pump Test Data

Date Well Tested: 7-31-12
Static Water Level (A): 25 Feet Below Land Surface
Pumping Water Level (B): 50 Feet Below Land Surface
Drawdown [(B) - (A)]: 32 Feet Below Land Surface
Test Pumping Rate: 17 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 17 GPM with a drawdown of
7 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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BY: OLWR