

County: Marion  
 Permit #: 0-586  
 Driller: JAMES WELLS  
 Date drilling completed: 4-27-11

**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: H 67  
 Well #: \_\_\_\_\_  
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Ken Ponnell</u>	Latitude: <u>31° 19' 22"</u> Longitude: <u>89° 43' 24"</u>
Mailing Address: <u>27 Waters Loop</u> <u>Columbia MS</u> <u>39429</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NE</u> 1/4 <u>SW</u> 1/4 Sec. <u>8</u> Twn <u>4 N</u> Rng <u>17 W</u>
Telephone No. <u>(601) 731 2365</u>	Distance: <u>5</u> Miles Direction: <u>North</u> of Nearest Town: <u>Columbia</u>

**Well / Borehole Data**

Date drilling started: 4-27-11 Date drilling completed: 4-27-11 Hole depth: 80 Hole diameter: 7

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

Method of dosing 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: 46 feet above or below (circle one) land surface Date measured: 4-27-11

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

Well depth: 80 Well grouted to a depth of 12 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 60 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 60 feet to 80 feet

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

Other (describe): \_\_\_\_\_

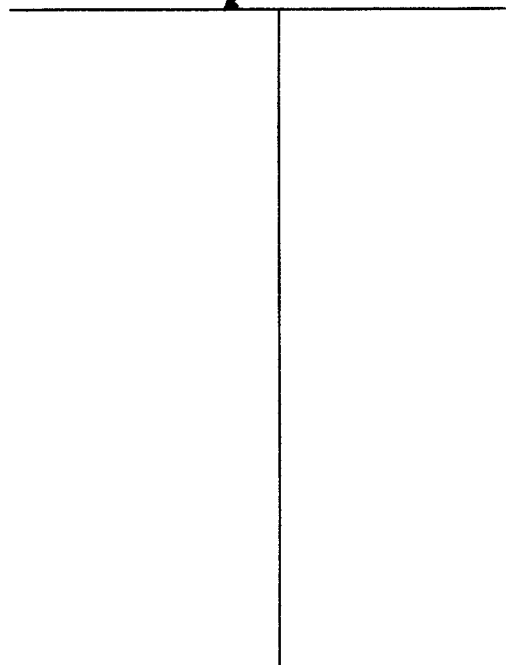
Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. *If telescoped or more than one screen, describe on next page*

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level  $\swarrow$



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	2
clay	2	30
sand	30	60
pan track	60	80

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) a north arrow.

Landowner Name: Ken Pennell

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

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

JAMES WELLS 0-586  
Print Name of Responsible Licensee and License No.      Date

James Wells  
Signature of Licensee

# 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: Marion  
 Permit #: \_\_\_\_\_  
 Driller: JAMES WELLS  
 Date completed: 4-27-11

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: \_\_\_\_\_  
 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>Ken Pommell</u> Mailing Address: <u>27 Watts Loop</u> <u>Columbia MS 39429</u> City State Zip Code Telephone No. ( <u>601</u> ) <u>731 2365</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>9</u> Twn <u>4N</u> Rng <u>17W</u> Distance Direction Nearest Town <u>5</u> Miles <u>North</u> of <u>Columbia MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <del>Submersible</del> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>4-27-11</u> Rated Pump Capacity: _____ <u>10</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <del>Electric Motor</del> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>1/2</u> Setting Depth: <u>40</u> feet Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-27-11</u> Static Water Level (A): <u>46</u> Feet Below Land Surface Pumping Water Level (B): <u>60</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>50</u> Feet Below Land Surface Test Pumping Rate: _____ <u>10</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Air Line Electric Measuring Line <del>Steel Tape</del> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ <u>15</u> GPM with a drawdown of <u>40</u> feet after _____ <u>4</u> 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