

County: Marion  
 Permit #: 0-586  
 Driller: JAMES WELLS  
 Date drilling completed: 4-20-09

**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)961- 5210  
 (601)961- 5228 (fax)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: K-95  
 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>Teary Ralmett</u>	Latitude: <u>31° 14' 19"</u> Longitude: <u>89° 52' 47"</u>
Mailing Address: <u>87 West Jackson St</u> <u>For Worth MS</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: <u>39483</u>	USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 SW 1/4 Sec 10 Twn 3N Rng 19W</u> <u>13E</u>
Telephone No. ( <u>601</u> ) <u>736 8966</u>	Distance _____ Direction _____ Nearest Town _____ <u>1 Miles N.W. of For Worth</u>

**Well / Borehole Data**

Date drilling started: 4-20-09 Date drilling completed: 4-20-09 Hole depth: 80 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: 2 lb 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: 15 feet above or below (circle one) land surface Date measured: 4-20-09

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

Well depth: 15 Well grouted to a depth of 10 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*

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 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

County: Marion  
 Permit #: \_\_\_\_\_  
 Driller: JAMES WELLS  
 Date completed: 4-20-09  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: K-95  
 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 above address within 30 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>Terry Ralston</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>87 West Jackson St</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Fay Waltham MS</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>39483</u>	_____ 1/4 _____ 1/4 Sec <u>10 T 3n R 19W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( <u>601</u> ) <u>736 8966</u>	<u>1</u> Miles <u>North</u> of <u>Fay Waltham</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2</u>
Date Pump Installed: <u>4-20-09</u>	Setting Depth: _____ <u>50</u> feet
Rated Pump Capacity: _____ <u>25</u> Gallons Per Minute	Number of Stages: _____ <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-20-09</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): _____ <u>15</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <del>50</del> _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ <u>25</u> Feet Below Land Surface	Well yielded _____ <u>25</u> GPM with a drawdown of
Test Pumping Rate: _____ <u>25</u> Gallons Per Minute	_____ <u>15</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

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

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