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### 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)

County: Marion  
 Permit #: 0-586  
 Driller: JAMES WELLS  
 Date drilling completed: 11-23-11

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: M88  
 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.

<p><b>Information on Well Owner</b>          (Landowner if borehole is not for a water well)          Owner Name: <u>Jacob Jack Nam</u>          Mailing Address: <u>50 Canton Ave</u>  <u>Columbia MS 39429</u>          City: _____ State: _____ Zip Code: _____          Telephone No. (<u>601</u>) <u>307 4885</u></p>	<p><b>Well or Borehole Location</b>          Latitude: <u>31° 14' 51"</u> Longitude: <u>89° 41' 20"</u>          Method of Lat/Long (circle one): Conventional Survey,          USGS quad, Hand-held GPS, Survey-grade GPS  <u>NE 1/4 SE 1/4 Sec 23 Twn 5N Rng 17W</u>          Distance <u>6</u> Miles Direction <u>EAST</u> of Nearest Town <u>Columbia ms</u></p>
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**Well / Borehole Data**  
 Date drilling started: 11-18-11 Date drilling completed: 11-18-11 Hole depth: 140 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: Shock 2lb  
 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: 50 feet above or below (circle one) land surface Date measured: 11-18-11  
 Method of Measurement (circle one)  steel tape  electric tape  air line  other: \_\_\_\_\_  
 Well depth: 140 Well grouted to a depth of \_\_\_\_\_ feet Type of grout (circle one):  Neat Cement  Bentonite  Mix  
 Casing length: 110 feet Casing diameter: 4 inches Type of casing: PVC  
 Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC  
 Screen slot size: .008 inches Setting depth: From 110 feet to 140 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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If well telescopes please sketch below and show depths.

M88

Ground Level

Description of Formations Encountered

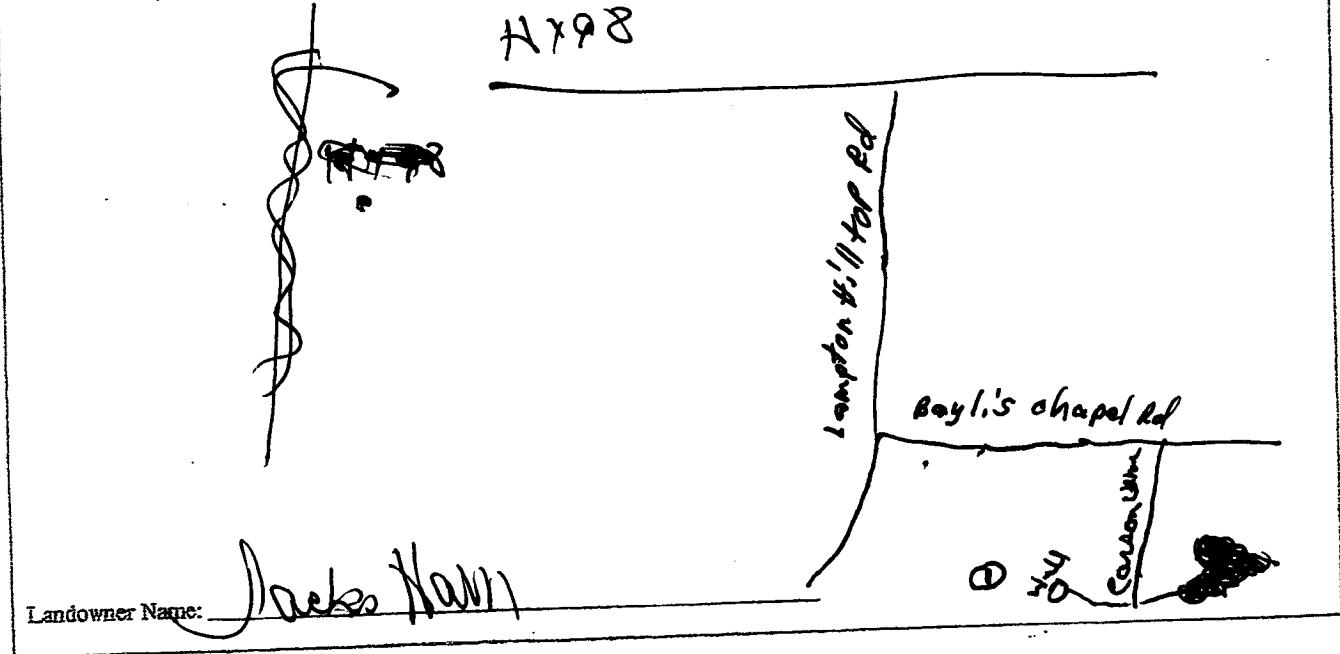
From To

Description of Formations Encountered	From	To
Top Soil	0	2
Clay	2	40
Sand	40	100
Red Shell	100	140

2-40

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) indicate direction.



Landowner Name: Jackie Ham

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 #: M88

Elevation: \_\_\_\_\_

County: Marion

Permit #: \_\_\_\_\_

Driller: JAMES WELLS

Date completed: 11-8-11

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 Nam</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>50 Carson Lane</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey,
<u>Columbus MS 39429</u>	<input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City _____ State _____ Zip Code _____	<u>1/4</u> _____ <u>1/4</u> Sec <u>2</u> Twn <u>5N</u> Rng <u>17W</u>
Telephone No. <u>601, 307-4885</u>	Distance _____ Direction <u>3</u> Nearest Town _____
	<u>6</u> Miles <u>WEST</u> of <u>Columbus</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): <u>5</u>
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>11-18-11</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>50</u> Gallons Per Minute	Number of Stages: <u>13</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-18-11</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input checked="" type="checkbox"/>
Static Water Level (A): <u>50</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>100</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>80</u> Feet Below Land Surface	Well yielded <u>50</u> GPM with a drawdown of
Test Pumping Rate: <u>50</u> Gallons Per Minute	<u>50</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  
Print Name of Pump Installer and License No. (if applicable)

James Wells  
Signature of Pump Installer

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