

State well report

Part 1

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)

For Office Use Only:

Aquifer:
Well #: B-28
L. S. Elevation:
E-log #:

County: Weshoba
Permit #:
Driller: Cain
Date drilling completed: 5-29-07

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

#2 well

Well Owner Information: James Estes, 15101 Rd 602, Philadelphia Ms 39350, (601) 575-0040
Well Location: Latitude: 32° 51' 12" Longitude: 89° 12' 47", Method of Lat/Long: Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, N 1/4 W 1/4 Sec 31 Twn 12N Rng 11E, Distance 5 Miles N/W of Philadelphia MS

Well Data: Purpose of Well: Chicken Farm, Date well drilling started: 5-25-07, Date well drilling completed: 5-29-07, Static Water Level: 60 feet above or below land surface, Date measured: 5-28-07, Method of Measurement: string, Hole depth: 205, Well depth: 205, Well grouted to a depth of 10 feet, Type of grout: Bentonite, Casing length: 195 feet, Casing diameter: 4 inches, Type of casing: PVC, Screen length: 10 feet, Screen diameter: 4 inches, Type of screen: PVC, Screen slot size: #10 inches, Setting depth: From 195 feet to 205 feet, Type of completion: Gravel packed, Top of lap pipe or reduction in casing: feet, Logs run: No log run

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Name of organization running log(s):

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

Print Name of Water Well Contractor and License No. Nelson Cain 0-374

Signature of Water Well Contractor Nelson Cain

# STATE WELL REPORT

## Part 2

County: Weshoba  
 Permit #: \_\_\_\_\_  
 Driller: Cairn  
 Date completed: 5-29-07

**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)

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: B-28  
 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.**

#2 well

Well Owner Information	Well Location
Owner Name: <u>James Estes</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>15101 Rd 602</u> <u>Philadelphia MS</u> <u>39350</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>N</u> ¼ <u>W</u> ¼ Sec <u>31</u> Twn <u>12N</u> Rng <u>11E</u>
Telephone No. ( <u>601</u> ) <u>5875-0040</u>	Distance _____ Direction _____ Nearest Town _____ <u>5</u> Miles <u>N/W</u> of <u>Philadelphia MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet <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 1/4</u>
Date Pump Installed: <u>5-29-07</u>	Setting Depth: <u>180'</u> feet
Rated Pump Capacity: <u>25</u> Gallons Per Minute	Number of Stages: <u>11</u>

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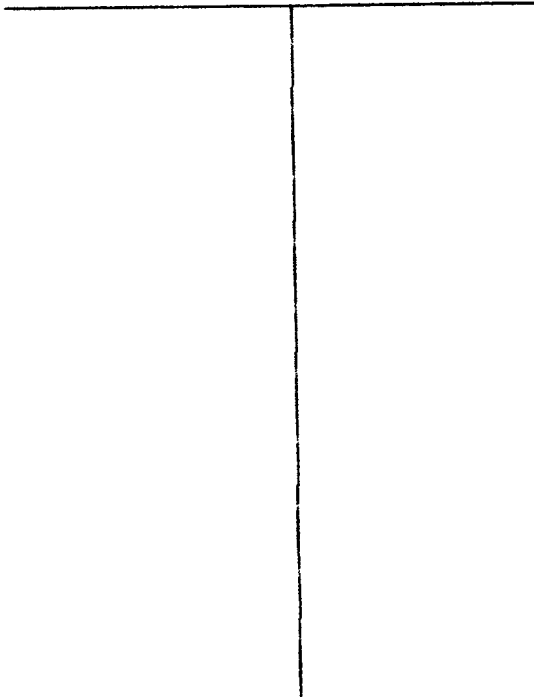
Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-29-07</u>	Air Line      Electric Measuring Line      Steel Tape
Static Water Level (A): <u>60'</u> Feet Below Land Surface	Other (specify): <u>string</u>
Pumping Water Level (B): <u>102'</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>40</u> Feet Below Land Surface	Well yielded <u>28</u> GPM with a drawdown of
Test Pumping Rate: <u>28</u> Gallons Per Minute	<u>40</u> feet after <u>6</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>6</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Nelson Cairn 0-374      Nelson Cairn  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

B-28

Ground Level



Description of Formations Encountered

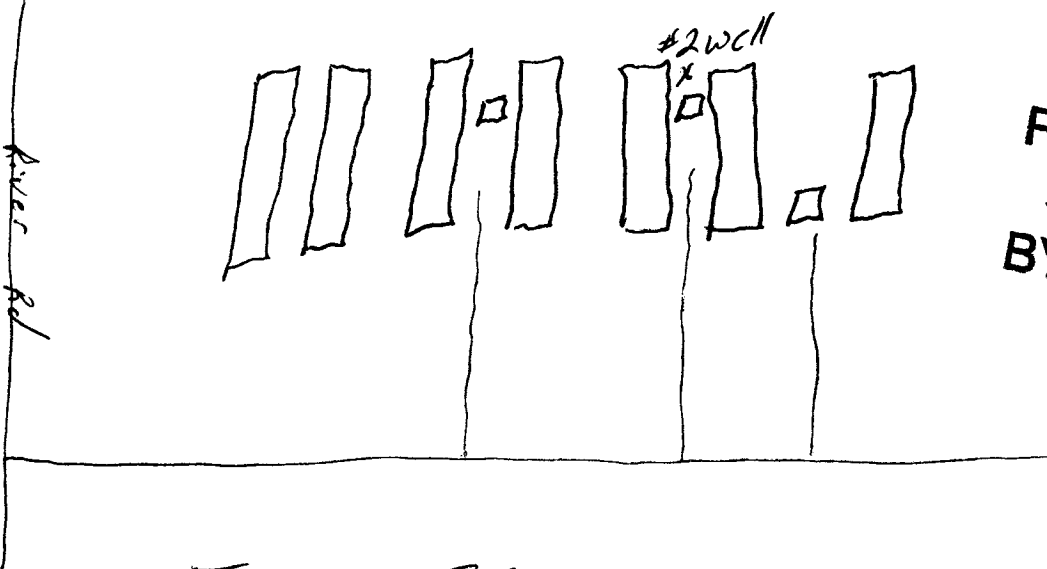
From To

Description of Formations Encountered	From	To
Top Soil & Clay	0	40
Sand	40	60
Clay	60	110
Rock	110	112
Clay	112	165
Sand	165	205

#2  
WCA

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.



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Landowner Name: James Estes

Nelson Cain  
Signature of Water Well Contractor