

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-30
L. S. Elevation:
E-log #:

County: Weshoba
Permit #:
Driller: Cain
Date drilling completed: 6-7-07

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.

#3 well

Well Owner Information: James Estes, 15101 Rd 602, Philadelphia MS 39350. Telephone No. (601) 575-0040. Well Location: Latitude: 32° 51' 14" 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: 5-31-07. Date well drilling completed: 6-7-07. Static Water Level: 60 feet above or below land surface. Method of Measurement: Str. Hole depth: 205 feet. Well depth: 205 feet. 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. Other (describe):. Top of lap pipe or reduction in casing: feet. Logs run: No log run. Electric Gamma Ray Density Sonic Neutron Other:.

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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.

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

Nelson Cain
Signature of Water Well Contractor

# 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: Washoba  
 Permit #: \_\_\_\_\_  
 Driller: Cain  
 Date completed: 6-7-07

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: B-30  
 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.**

#3 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> _____ City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>N 1/4 W 1/4 Sec 31 Twn 12N Rng 11E</u>
Telephone No. (601) <u>575-0040</u>	Distance Direction Nearest Town <u>5 Miles N/W of Philadelphia MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>6-6-07</u>	Setting Depth: <u>180'</u>
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>6-6-07</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 Cain 0-374      Nelson Cain  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

