

County: Perry
 Permit #: _____
 Driller: R. Cain
 Date drilling completed: 6/21/2011

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: D 61
 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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Jim Kidd</u>	Latitude: <u>31° 19' 25"</u> Longitude: <u>89° 02' 43"</u>
Mailing Address: <u>295 Freewill Church Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Richton</u> MS <u>39446</u>	<u>S 1/4 W 1/4 Sec 12 Twn 41N Rng 11W</u>
City State Zip Code	Distance Direction Nearest Town <u>6</u> Miles <u>S/E</u> of <u>Kannelston</u> <u>MS</u>
Telephone No. <u>(601) 964-8242</u>	

Well / Borehole Data

Date drilling started: 6/21 Date drilling completed: 6/21 Hole depth: 60' Hole diameter: 4

Location of the source of any surface water used for drilling: Comm Water System

Method of dosing and volume of Chlorine used in drilling and development: _____

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: 20 feet above or below (circle one) land surface Date measured: 6/21/2011

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

Well depth: 60 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 50 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 50 feet to 10 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**

Mc Water Well Drilling
 Lic # 0-374

Randall Cain

RECEIVED
 JUN 23 2011
 BY [Signature]

County: Perry
 Permit #: _____
 Driller: R. Cain
 Date completed: 6/21/2011
Copy information from block on Part 1

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)

For Office Use Only:

Aquifer: _____
 Well #: _____
 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>Jim Kidd</u>	Latitude: <u>31°19'25"</u> Longitude: <u>89°02'43"</u>
Mailing Address: <u>295 Freedom Church Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Richton MS 39476</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>S 1/4 W 1/4 Sec 12 T 41N R 11W</u>
Telephone No. () _____	Distance _____ Miles Direction <u>S/E</u> of Nearest Town <u>Russelstown MS</u>

Pump Type	Power Type
Circle one Air Lift <input checked="" type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible Bucket Piston <input checked="" type="checkbox"/> Turbine Centrifugal Rotary <input checked="" type="checkbox"/> Flowing Well Other (specify): _____	Circle one Diesel Engine Gasoline Engine Natural Gas <input checked="" type="checkbox"/> Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>1</u> Setting Depth: <u>2 line Jet 55</u> feet Number of Stages: <u>2</u>
Date Pump Installed: <u>6/21/2011</u>	
Rated Pump Capacity: <u>7</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>6/21/2011</u>	Circle one Air Line Electric Measuring Line Steel Tape Other (specify): _____
Static Water Level (A): <u>20</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Pumping Water Level (B): _____ Feet Below Land Surface	Well yielded <u>7</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	
Test Pumping Rate: <u>7</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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

MS Water Well Drilling _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

0-374

