

State Well Report

Part I

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
~~(601)954-6938 (fax)~~
601-360-0555

For Office Use Only:

Acquirer: _____
Well #: E-53
I. S. Elevation: _____
I. Log #: _____

County: Leflore
Permit #: _____
Driller: Carlin
Date drilling completed: 3-25-09

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.

well #2

Well Owner Information		Well Location	
Owner Name: <u>John O Cole</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>1177 Old Augusta Rd</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS		
<u>Richton MS 39476</u>	<u>N 1/4 E 1/4 Sec 1 Twn 4N Rng 10W</u>		
City State Zip Code	Distance: <u>1/4</u> Miles	Direction: <u>S/E</u>	Nearest Town: <u>Richton MS</u>
Telephone No. (601) <u>788 6315</u>			

Well Data

Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 3-23-09 Date well drilling completed: 3-25-09

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 90' feet above or below (circle one) land surface Date measured: 3-25-09

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

Hole depth: 140 Well depth: 140 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 130 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 130 feet to 140 feet

Type of completion (circle all applicable): Gravel pack 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 back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

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.

Ms Water Well Drilling
Print Name of Water Well Contractor and License No. 0-374
Signature of Water Well Contractor: Nelson Carlin

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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)961-5210
 (601)354-6938 (fax)

County: Scott
 Permit #: _____
 Driller: Cain
 Date completed: 3-25-09

For Office Use Only:
 Aquifer: _____
 Well #: E-53
 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.

Well #2

Well Owner Information	Well Location
Owner Name: <u>John O Cole</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1147 Old Augusta Rd</u>	Method of Lat/Long (circle one): Conventional Survey
<u>Ridgely MS 39476</u>	USGS quad: Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>N 1/4 E 1/4 Sec 1 Twn 4N Rng 10W</u>
Telephone No: <u>(601) 788-6315</u>	Distance Direction Nearest Town
	<u>1/4 Miles S/W of Richton 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 1/2</u>
Date Pump Installed: <u>3-25-09</u>	Setting Depth: <u>135'</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>6</u>

Pump Test Data	Method of Measuring Water Level (Circle one)
Date Well Tested: <u>3-25-09</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>90</u> Feet Below Land Surface	Other (specify): <u>string</u>
Pumping Water Level (B): <u>120</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): <u>30</u> Feet Below Land Surface	Well yielded <u>35</u> GPM with a drawdown of
Test Pumping Rate: <u>35</u> Gallons Per Minute	<u>30</u> feet after <u>5</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>5</u> hours	

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

MS Water Well Drilling Hudson Cain
 Print Name of Pump Installer and License No. (if applicable) 0-374 Signature of Pump Installer

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