

Copy

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)354-6938 (fax)

For Office Use Only.

Aquifer: _____
Well #: R-29
L. S. Elevation: _____
E-log #: _____

County: Perry
Permit #: _____
Driller: Mk
Date drilling completed: 2-20-06

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 Owner Information		Well Location	
Owner Name: <u>Clayton Hinton</u>	Latitude: _____ Longitude: _____	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey	
Mailing Address: <u>400 Bernside Rd</u>	USGS quad, Hand-held GPS, Survey-grade GPS	_____ 1/4 _____ 1/4 Sec <u>3</u> Twn <u>T15</u> Rng <u>R10W</u>	
City: <u>Janic</u> State: <u>MS</u> Zip Code: _____	Distance: <u>17</u> Miles Direction: <u>SW</u> of Nearest Town: <u>Bloomington</u>		
Telephone No. (_____) _____			

Well Data

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

Date well drilling started: 2-14-06 Date well drilling completed: 2-20-06

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

Static Water Level: 25 feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 45 Well depth: 45 Well grouted to a depth of _____ feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 40 feet Casing diameter: 2 inches Type of casing: PVC 40

Screen length: 5 feet Screen diameter: 2 inches Type of screen: PVC wrapped

Screen slot size: 8 inches Setting depth: From 40 feet to 45 feet

Type of completion (circle all applicable): Gravel packed Undecreamed 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.

Michael R FryFayle 0408 Michael R FryFayle RECEIVED
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor
2/27/2006

Well set purp later

BY: OLWR

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 39288-0631
 (601)961-3210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: R-29

Elevation: _____

County: Perry
 Permit #: _____
 Driller: Mike
 Date completed: 9-1-06

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

Owner Name: Clayton Hinton
 Mailing Address: 400 Bernadal Rd
Jamie Ms
City State Zip Code
 Telephone No. () _____

Well Location

Latitude: _____ Longitude: _____
 Method of Lat/Long (circle one): Conventional Survey
 USGS quad, Hand-held GPS, Survey-grade GPS
 _____ 1/4 _____ 1/4 Sec 3 Twp T15 Rng R10W
 Distance Direction Nearest Town
11 Miles SW of Beaumont

Pump Type
Circle one

Air Lift	<input checked="" type="radio"/> Jet	<input type="radio"/> Submersible
Bucket	<input type="radio"/> Piston	<input type="radio"/> Turbine
Centrifugal	<input type="radio"/> Rotary	<input type="radio"/> Flowing Well

Other (specify): _____
 Date Pump Installed: 9-1-06
 Rated Pump Capacity: 8 Gallons Per Minute

Power Type
Circle one

<input checked="" type="radio"/> Diesel Engine	<input type="radio"/> Gasoline Engine	<input type="radio"/> Natural Gas
<input checked="" type="radio"/> Electric Motor	<input type="radio"/> Hand	<input type="radio"/> Tractor PTO
<input type="radio"/> Windmill	Other (specify): _____	

Horse Power Rating of Motor: 1
 Setting Depth: 40' feet
 Number of Stages: 2

Pump Test Data

Date Well Tested: 9-1-06
 Static Water Level (A): 25 Feet Below Land Surface
 Pumping Water Level (B): 35 Feet Below Land Surface
 Drawdown ((B) - (A)): 10 Feet Below Land Surface
 Test Pumping Rate: 8 Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level
Circle one

<input checked="" type="radio"/> Air Line	<input type="radio"/> Electric Measuring Line	<input type="radio"/> Steel Tape
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Other (specify): _____
 For flowing well, measured static head: _____ feet
 Well yielded 8 GPM with a drawdown of
1.5 feet after 1 1/2 hours of pumping

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

Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

RECEIVED

OCT 02 2006
 BY: OLWR