

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)

County: Pike
Permit #: 0-586
Driller: JAMES WELLS
Date drilling completed: 5-7-09

For Office Use Only:
Aquifer:
Well #: E277
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)
Owner Name: Rondal Wilson
Mailing Address: 1031 Beck St, McComb, MS 39648
City: McComb State: MS Zip Code: 39648
Telephone No.: 225 803 8477
Well or Borehole Location
Latitude: 31° 11' 09" Longitude: 90° 22' 35"
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS, Survey-grade GPS
NW 1/4 NW 1/4 Sec. 28 Twn 3N Rng 8E
Distance: 3 Miles Direction: SE of Nearest Town: McComb

Well / Borehole Data
Date drilling started: 5-7-09 Date drilling completed: 5-7-09 Hole depth: 160 Hole diameter: 160
Location of the source of any surface water used for drilling: Creek
Method of dosing and volume of Chlorine used in drilling and development: 3lb shock
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: 75 feet above or below (circle one) land surface Date measured: 5-6-09
Method of Measurement (circle one) steel tape electric tape air line other:
Well depth: 160 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 140 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: .008 inches Setting depth: From 140 feet to 160 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

Form: OLWR-SWR-1A (04/08)

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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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: Pike
 Permit #: _____
 Driller: JAMES WELLS
 Date completed: 5-7-09
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: E277
 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>Randal Wilson</u>	Latitude: <u>31° 11' 09"</u> Longitude: <u>90° 22' 35"</u>
Mailing Address: <u>1031 Beck St</u> <u>M^cComb Ms 39648</u> <u>225 803-8477</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>NW ¼ NW ¼ Sec 28 T 34ⁿ R 8 E ✓</u> <u>35</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____ <u>3 Miles SE of M^cComb</u>
Telephone No. (____) _____	

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</u>
Date Pump Installed: <u>5-7-09</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-7-09</u>	Air Line _____ Electric Measuring Line _____ <u>Steel Tape</u>
Static Water Level (A): <u>75</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>100</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>25</u> Feet Below Land Surface	Well yielded <u>15</u> GPM with a drawdown of
Test Pumping Rate: <u>15</u> Gallons Per Minute	<u>75</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

JAMES WELLS 0-586 James Wells
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B (04/08)

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