

# 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: 10-9-08

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: G-173  
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<br>(Landowner if borehole is not for a water well) | Well or Borehole Location   |
|--|---|
| Owner Name: <u>Alisa Magee</u>   | Latitude: _____ Longitude: _____  |
| Mailing Address: <u>2062 Elarton Rd<br/>Magnolia, MS 39652</u>               | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____                                     | _____ 1/4 _____ 1/4 Sec <u>11</u> Twn <u>2N</u> Rng <u>7E</u>                                       |
| Telephone No. <u>(601) 810-1879</u>  | Distance _____ Miles Direction <u>N.W.</u> of Nearest Town <u>Magnolia</u>                          |

**Well / Borehole Data**

Date drilling started: 10-9- Date drilling completed: 10-9 Hole depth: 125 Hole diameter: 7

Location of the source of any surface water used for drilling: Creek

Method of dosing and volume of Chlorine used in drilling and development: 200 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: \_\_\_\_\_ 5-0 feet above or below (circle one) land surface Date measured: 10-9-08

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

Well depth: 120 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 100 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 100 feet to 120 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: 10-8-08  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: G-173  
 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>Olisa Magee</u>                                       | Latitude: _____ Longitude: _____  |
| Mailing Address: <u>2062 Elarton Rd</u><br><u>Magnolia, MS 39652</u> | Method of Lat/Long (check one): Conventional Survey _____<br>USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ |
| City _____ State _____ Zip Code _____                                | _____ 1/4 _____ 1/4 Sec <u>11</u> T <u>24</u> R <u>7 E</u>  |
| Telephone No. <u>(601) 810-1879</u>                                  | Distance _____ Direction _____ Nearest Town _____<br><u>3</u> Miles <u>NW</u> of <u>Magnolia</u>                          |

| Pump Type<br>Circle one                           | Power Type<br>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>10-9</u>                  | Setting Depth: <u>75</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<br>Circle one           |
|--|---|
| Date Well Tested: <u>10-9</u>                              | Air Line      Electric Measuring Line <u>Steel Tape</u> |
| Static Water Level (A): <u>50</u> Feet Below Land Surface  | Other (specify): _____                                  |
| Pumping Water Level (B): <u>75</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet     |
| Drawdown [(B) - (A)]: <u>50</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>50</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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