

County: Pike  
 Permit #: 0-586  
 Driller: JAMES WELLS  
 Date drilling completed: 2/27/13

**State Well Report**  
**Part I - 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: \_\_\_\_\_  
 Well #: 14228  
 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.*

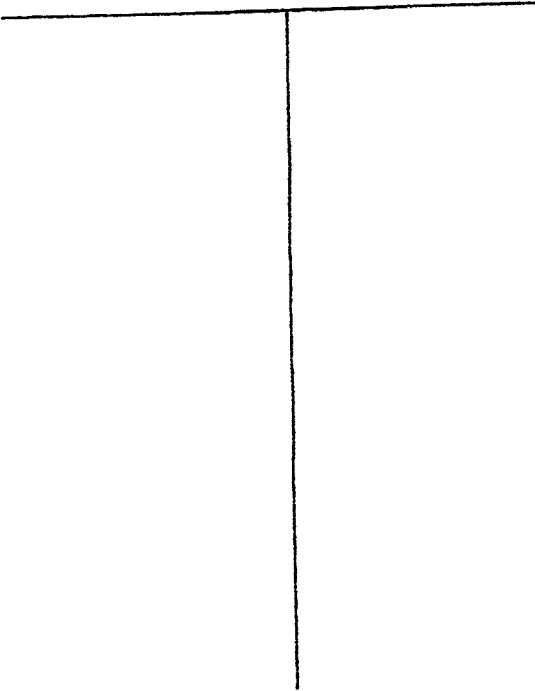
<p><b>Information on Well Owner</b>  <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Barnson Williams</u>        Mailing Address: <u>7135 Mag Progress Rd</u>  <u>Magnolia</u> MS 39111        City State Zip Code        Telephone No. <u>(601) 783-2499</u></p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>N 31° 16' 42"</u> Longitude: <u>W 90° 02' 12"</u>        Method of Lat/Long (circle one): Conventional Survey,        USGS quad, Hand-held GPS, Survey-grade GPS  <u>SE 1/4 SE 1/4 Sec 30</u> Twn <u>4N</u> Rng <u>12E</u>        Distance <u>29</u> Miles Direction <u>SE</u> of Nearest Town <u>Magnolia</u></p>
<p><b>Well / Borehole Data</b></p> <p>Date drilling started: <u>2-27-13</u> Date drilling completed: <u>2/27/13</u> Hole depth: <u>150</u> Hole diameter: <u>7/8</u></p> <p>Location of the source of any surface water used for drilling: <u>Runnin creek</u>        Method of dosing and volume of Chlorine used in drilling and development: <u>stock</u></p> <p>Logs run (circle all applicable): No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____        Name of organization running log(s): _____</p> <p>Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____        Seismic Survey _____ Other (describe) _____</p> <p><i>If drilling is not related to water well construction, skip the remainder of this block</i></p> <p>Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____</p> <p>If a flowing well, method of flow regulation: Valve _____ Other (describe) _____</p> <p>Static Water Level: <u>80</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>2-27-13</u></p> <p>Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____</p> <p>Well depth: <u>150</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): <u>Neat Cement</u> Bentonite Mix</p> <p>Casing length: <u>130</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u></p> <p>Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u></p> <p>Screen slot size: <u>.008</u> inches Setting depth: From <u>130</u> feet to <u>150</u> feet</p> <p>Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development        Other (describe): _____</p> <p>Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i></p>	

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

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If well telescopes please sketch below and show depths.

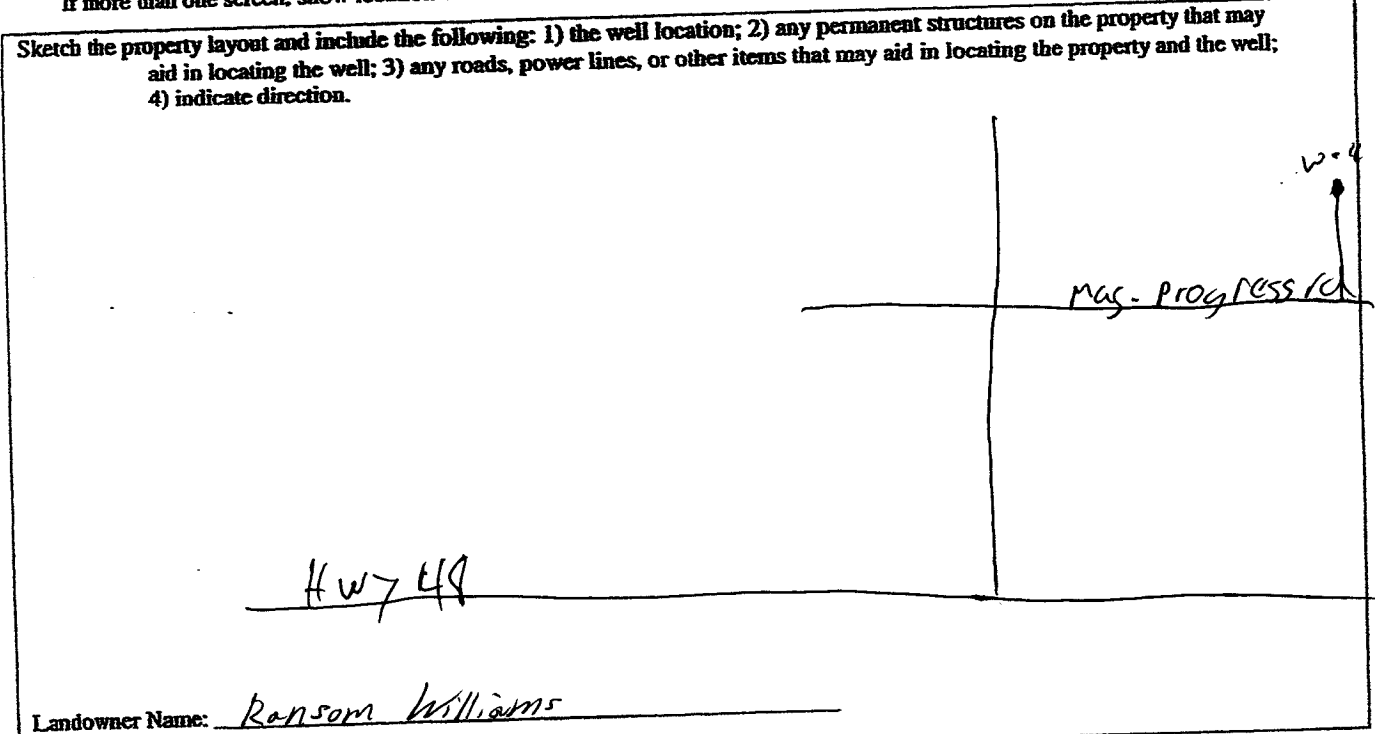
Ground Level



Description of Formations Encountered	From	To
TOP SOIL	0	2
CLAY	2	30
SAND and GRAVEL	30	150

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



James Wells  
Signature of Water Well Contractor

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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: \_\_\_\_\_  
 Permit #: \_\_\_\_\_  
 Driller: JAMES WELLS  
 Date completed: 2-27-13  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: H228  
 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>Kanson Williams</u>	Latitude: <u>31°16.928</u> Longitude: <u>090°02.125</u>
Mailing Address: <u>7135 Mag-Progress Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Magee, MS</u> <u>39111</u> City                      State                      Zip Code	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
Telephone No. <u>(601) 783-2499</u>	<u>SE 1/4 SE 1/4 Sec 30 T 4N R 12E</u> Distance _____ Direction <u>29 2N 8E</u> Nearest Town _____
	Miles <u>SE</u> of <u>Magnolia</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</u>
Date Pump Installed: <u>2-27-13</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-27-13</u>	Air Line                      Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>80</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>85</u> Feet Below Land Surface	Well yielded <u>17</u> GPM with a drawdown of
Test Pumping Rate: <u>15</u> Gallons Per Minute	<u>5</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-18 (02/08) **RECEIVED**  
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