

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 #: K-125
L. S. Elevation: _____
E-log #: _____

County: Pike
Permit #: _____
Driller: JAMES WELLS
Date drilling completed: 5-21-07

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.

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Well Owner Information	Well Location
Owner Name: <u>Rocking Enterprise</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1144 Line Creek Rd</u> <u>Osyka Miss</u> <u>39657</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
City: _____ State: _____ Zip Code: _____	<u>1/4</u> <u>1/4</u> Sec <u>31</u> Twn <u>14</u> Rng <u>7E</u>
Telephone No. <u>(601) 273 7123</u>	Distance <u>3</u> Miles <u>West</u> Direction of <u>Osyka</u> Nearest Town

Well Data

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

Date well drilling started: 5-21-07 Date well drilling completed: 5-21-07

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

Static Water Level: 40 feet above or below (circle one) land surface Date measured: 5-21-07

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

Hole depth: 85 Well depth: 85 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 65 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 65 feet to 85 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 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.

JAMES WELLS 0-586 James Wells
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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JUN 08 2007

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 39289-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: K-125

Elevation: _____

County: Pike

Permit #: _____

Driller: JAMES WELLS

Date completed: 5-21-07

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: Rockins Enterprises

Mailing Address: 1144 Line Creek Rd

Osyka Miss

City State Zip Code
Osyka MS 39657

Telephone No. (601) 273-7123

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 31 Twn 14 Rng 7E

Distance Direction Nearest Town

3 Miles West of Osyka

Pump Type Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 5-21-07

Rated Pump Capacity: 15 Gallons Per Minute

Power Type Circle one

Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
Windmill Other (specify): _____

Horse Power Rating of Motor: 1

Setting Depth: 75 feet

Number of Stages: 14

Pump Test Data

Date Well Tested: 5-21-07

Static Water Level (A): 40 Feet Below Land Surface

Pumping Water Level (B): 70 Feet Below Land Surface

Drawdown [(B) - (A)]: 40 Feet Below Land Surface

Test Pumping Rate: 15 Gallons Per Minute

Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level Circle one

Air Line Electric Measuring Line Steel Tape

Other (specify): _____

For flowing well, measured shut in head: _____ feet

Well yielded 15 GPM with a drawdown of
40 feet after 4 hours of pumping

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

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

James Wells
Signature of Pump Installer

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JUN 08 2007

BY: OLWR