

State Well Report

Part I

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
Well #: L-182
L. S. Elevation: _____
E-log #: _____

County: Pike
Permit #: _____
Driller: JAMES WELLS
Date drilling completed: 2-4-08

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>Sharon Well</u>	Latitude: _____ " Longitude: _____ "	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	
Mailing Address: <u>P.O. Box 204</u> <u>Osyka MS 39657</u>	Distance: _____ Miles	Direction: <u>EAST</u>	Nearest Town: <u>Osyka</u>
City: _____ State: _____ Zip Code: _____	Well Data		
Telephone No. <u>(601) 542-3802</u>	Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____		
	Date well drilling started: <u>2-4-08</u> Date well drilling completed: <u>2-4-08</u>		
	If flowing, method of flow regulation: Valve _____ Other (describe) _____		
	Static Water Level: <u>40</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>2-4-08</u>		
	Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____		
	Hole depth: <u>90</u> Well depth: <u>90</u> Well grouted to a depth of <u>10</u> feet		
	Type of grout (circle one): <u>Cement</u> Bentonite Mix		
	Casing length: <u>70</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>		
	Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>		
	Screen slot size: <u>008</u> inches Setting depth: From <u>70</u> feet to <u>90</u> feet		
	Type of completion (circle all applicable): <u>Gravel packed</u> 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): <u>No log run</u> 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.			
<u>JAMES WELLS</u> <u>0-586</u>	<u>James Wells</u> Signature of Water Well Contractor		
Print Name of Water Well Contractor and License No.			

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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)354-6938 (fax)

For Office Use Only:

Aquifer: _____
 Well #: L-182
 Elevation: _____

County: Pike
 Permit #: _____
 Driller: JAMES WELLS
 Date completed: 2-4-08

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	Well Location
Owner Name: <u>Sharon Wall</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Po Box 204</u> <u>Oxyka ms</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code <u>39657</u>	<u>1/4</u> <u>1/4</u> Sec <u>26</u> Twn <u>11</u> Rng <u>8E</u>
Telephone No. <u>601, 542 3802</u>	Distance _____ Direction _____ Nearest Town _____
	<u>6</u> Miles <u>East</u> of <u>Oxyka ms</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: _____
Date Pump Installed: <u>2-4-08</u>	Setting Depth: <u>20</u>
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Number of Stages: <u>14</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-4-08</u>	Air Line Electric Measuring Line <u>Steel Tapc</u>
Static Water Level (A): <u>40</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>80</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>40</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>40</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