

# State Well Report

## Part 1

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 #: H 28 123  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Scott  
 Permit #: \_\_\_\_\_  
 Driller: N. Cain  
 Date drilling completed: 8/29/04

*Mississippi Water Well Drilling and Service*

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>Jason Medix</u> Mailing Address: <u>7790 Old Jackson Rd</u> <u>Sebastopol Ms 39359</u> City State Zip Code Telephone No. <u>(601) 625-7457</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>N 1/4 W 1/4 Sec 5 Twn 7N Rng 9E</u> Distance Direction Nearest Town <u>0 Miles S/W of Sebastopol Ms</u>
Well Data	
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: <u>Chute</u>	
Date well drilling started: <u>8/23/04</u> Date well drilling completed: <u>8/29/04</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>138</u> feet above or below (circle one) land surface Date measured: <u>8/29/04</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>string</u>	
Hole depth: <u>173</u> Well depth: <u>173</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix	
Casing length: <u>153</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>#10</u> inches Setting depth: From <u>153</u> feet to <u>173</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>Nelson Cain #0-374</u>	<u>Nelson Cain</u>
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

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SEP 20 2004

BY: OLWR

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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)

County: Scott  
 Permit #: \_\_\_\_\_  
 Driller: N. Cain  
 Date completed: 8/29/04

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: H 28  
 Elevation: \_\_\_\_\_

**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>Jason McCall</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>7790 Old Jackson Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Sebastopol Ms 39359</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>N 1/4 W 1/4 Sec 5 Twn 7N Rng 9E</u>
Telephone No. <u>(601) 625 7657</u>	Distance Direction Nearest Town
	<u>6 Miles S/W of Sebastopol Ms</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>8/29/04</u>	Setting Depth: <u>170</u> <b>RECEIVED</b>
Rated Pump Capacity: <u>35</u> Gallons Per Minute	Number of Stages: <u>12</u> <b>SEP 20 2004</b>

Pump Test Data	Method of Measuring Water Circle one
Date Well Tested: <u>8/29/04</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>1.38</u> Feet Below Land Surface	<u>String</u> <input type="radio"/> Other (specify): _____
Pumping Water Level (B): <u>170</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>32</u> Feet Below Land Surface	Well yielded <u>48</u> GPM with a drawdown of
Test Pumping Rate: <u>48</u> Gallons Per Minute	<u>32</u> feet after <u>12</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>12</u> hours	

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

Nelson Cain #0-374  
 Print Name of Pump Installer and License No. (if applicable)

Nelson Cain  
 Signature of Pump Installer