

Well #2

# 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)

County: Scott  
 Permit #: \_\_\_\_\_  
 Driller: Cam  
 Date drilling completed: 10-12-06

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: H-38  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

**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>Boyd Ware</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1557 E. Scott Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Lake</u> City <u>MS</u> State <u>39092</u> Zip Code	<u>5</u> 1/4 <u>E</u> 1/4 Sec <u>35</u> Twn <u>7N</u> Rng <u>9E</u>
Telephone No. <u>(601) 775-3004</u>	Distance <u>3</u> Miles <u>NE</u> Direction of <u>Lake MS</u> Nearest Town

**Well Data**

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

Date well drilling started: 10-10-06 Date well drilling completed: 10-12-06

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) 10-11-04

Static Water Level: 19 feet above or below (circle one) land surface Date measured: 10-11-06

Method of Measurement (circle one) steel tape electric tape air line other: St. Log

Hole depth: 78 Well depth: 78 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 58 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: #10 inches Setting depth: From 58 feet to 78 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.

Nelson Cain 0-374  
Print Name of Water Well Contractor and License No.

Nelson Cain  
Signature of Water Well Contractor

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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: Cain  
 Date completed: 10-12-06

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: H-38  
 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 #2

Well Owner Information	Well Location
Owner Name: <u>Boyd Ware</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1557 E. Scott Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Lake</u> <u>MS</u> <u>39092</u> City State Zip Code	<u>S</u> ¼ <u>E</u> ¼ Sec <u>35</u> Twn <u>7N</u> Rng <u>9E</u>
Telephone No. <u>(601) 775-3004</u>	Distance Direction Nearest Town <u>3</u> Miles <u>N/E</u> of <u>Lake MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5 hp</u>
Date Pump Installed: <u>10-11-06</u>	Setting Depth: <u>75</u> feet
Rated Pump Capacity: <u>50</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-11-06</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>19</u> Feet Below Land Surface	Other (specify): <u>Staves</u>
Pumping Water Level (B): <u>40</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>21</u> Feet Below Land Surface	Well yielded <u>60</u> GPM with a drawdown of
Test Pumping Rate: <u>60</u> Gallons Per Minute	<u>21</u> feet after <u>6</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>6</u> hours	

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

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

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 OCT 19 2006  
 BY: OLWR