

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 #: F-24
L. S. Elevation: _____
E-log #: _____

County: Simpson
Permit #: _____
Driller: JAMES WELLS
Date drilling completed: 3-26-07

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.

| Well Owner Information | Well Location |
|---|---|
| Owner Name: <u>Cary Cole</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>1562 Simpson</u> <u>Mendenhall Ms 39114</u> City State Zip Code | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| Telephone No. <u>601 847 4694</u> | <u>1/4</u> <u>1/4</u> Sec <u>30</u> Twn <u>2N</u> Rng <u>6E</u> |
| | Distance <u>7</u> Miles Direction <u>EAST</u> of Nearest Town <u>Mendenhall</u> |
| Well Data | |
| Purpose of Well (circle one) Home <u>Industrial</u> Public Supply Irrigation Fish Culture Other: _____ | |
| Date well drilling started: <u>3-26-07</u> Date well drilling completed: <u>3-26-07</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>3-26-07</u> | |
| Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____ | |
| Hole depth: <u>150</u> Well depth: <u>150</u> Well grouted to a depth of <u>10</u> feet | |
| Type of grout (circle one): <u>Cement</u> Bentonite Mix | |
| Casing length: <u>125</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u> | |
| Screen length: <u>25</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u> | |
| Screen slot size: <u>1008</u> inches Setting depth: From <u>125</u> feet to <u>150</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. | |

RECEIVED

APR 03 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 #: F-24

Elevation: _____

County: Simpson

Permit #: _____

Driller: JAMES WELLS

Date completed: 3-26-07

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 | Well Location |
|---|---|
| Owner Name: <u>Eary Cole</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>1562 Simpson Hwy 540</u> <u>Mendhall 39114</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____ | <u>1/4</u> <u>1/4</u> Sec <u>30</u> Twn <u>24</u> Rng <u>6E</u> |
| Telephone No. <u>(601) 847 4694</u> | Distance: _____ Direction: _____ Nearest Town: _____ |
| | <u>7</u> Miles <u>WEST</u> of <u>Mendhall</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>3</u> |
| Date Pump Installed: <u>3-26-07</u> | Setting Depth: <u>100</u> feet |
| Rated Pump Capacity: <u>35</u> Gallons Per Minute | Number of Stages: <u>11</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|---|
| Date Well Tested: <u>3-26-07</u> | Air Line Electric Measuring Line <u>Steel Tape</u> |
| Static Water Level (A): <u>40</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>40</u> Feet Below Land Surface | Well yielded <u>75</u> GPM with a drawdown of |
| Test Pumping Rate: <u>35</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

RECEIVED
 APR 03 2007
 BY: OLWR