

DEP

# 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 #: P-34 127  
L. S. Elevation: \_\_\_\_\_  
E-log #: NA

County: SIMPSON  
Permit #: \_\_\_\_\_  
Driller: A-1 DRILLING SER  
Date drilling completed: 8-30-04

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>JAYNESVILLE FARM #2</u>	Latitude: <u>NA</u> Longitude: _____
Mailing Address: <u>101 HIGHWAY 541 S</u> <u>MT. OLIVE, MS 39119</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	<u>NW 1/4 NW 1/4</u> Sec <u>1</u> Twn <u>9N</u> Rng <u>18W</u>
Telephone No. <u>(601) 849-6050</u>	Distance <u>±7</u> Miles Direction <u>W</u> of Nearest Town <u>MT. OLIVE</u>

**Well Data**

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

Date well drilling started: 8-11-04 Date well drilling completed: 8-20-04

If flowing, method of flow regulation: Valve NA Other (describe) \_\_\_\_\_

Static Water Level: 84 feet above or below (circle one) land surface Date measured: 8-13-04

Method of Measurement (circle one) steel-tape  Electric tape air line other: \_\_\_\_\_

Hole depth: 220' Well depth: 156' Well grouted to a depth of 50 feet

Type of grout (circle one):  Cement  Bentonite Mix \_\_\_\_\_

Casing length: 135 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" x 10'  
.010" x 10' inches Setting depth: From 135 feet to 155 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: NA 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): OFFICE OF GEOLOGY

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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

A-1 DRILLING SER INC 0410  
Print Name of Water Well Contractor and License No.

[Signature]  
Signature of Water Well Contractor



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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 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

County: SIMPSON  
 Permit #: NA  
 Driller: \_\_\_\_\_  
 Date completed: 8-30-04

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: P-34  
 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>JAYNESVILLE FARM #2</u>	Latitude: <u>NA</u>	Longitude: <u>NA</u>	<u>(± 200' N OF #1 WELL)</u>
Mailing Address: <u>101 HIGHWAY 541S</u> <u>MT. OLIVE, MS 39119</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS		
City _____ State _____ Zip Code _____	<u>NW ¼ NW ¼ Sec 1 Twn 9N Rng 18W</u>		
Telephone No. <u>(601) 849-6050</u>	Distance _____ Miles	Direction <u>W</u>	Nearest Town <u>MT. OLIVE</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>5</u>		
Date Pump Installed: <u>8-30-04</u>			Setting Depth: <u>120</u> feet		
Rated Pump Capacity: <u>55</u> Gallons Per Minute			Number of Stages: <u>15</u>		

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Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: <u>NA</u>	Air Line	<u>Electric Measuring Line</u>	Steel Tape
Static Water Level (A): <u>84</u> Feet Below Land Surface	Other (specify): _____		
Pumping Water Level (B): <u>NA</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>NA</u> feet		
Drawdown [(B) - (A)]: <u>NA</u> Feet Below Land Surface	Well yielded <u>NA</u> GPM with a drawdown of		
Test Pumping Rate: _____ Gallons Per Minute	<u>NA</u> feet after <u>NA</u> hours of pumping		
Duration of Pump Test (minimum 4 hours): _____ hours			

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

A-DRILLING SER INC 0410  
 Print Name of Pump Installer and License No. (if applicable)

[Signature]  
 Signature of Pump Installer