

County: Simpson  
 Permit #: 0-586  
 Driller: JAMES WELLS  
 Date drilling completed: 6-14-10

**State Well Report**  
**Part 1 - Driller's Log**

Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225  
 (601)961- 5210  
 (601)961- 5228 (fax)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: P 49  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

*State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.*

<p><b>Information on Well Owner</b>  <i>(Landowner if borehole is not for a water well)</i>          Owner Name: <u>LARRY Walker</u>          Mailing Address: <u>120 Popas Place</u>  <u>Magee MS 39111</u>          City State Zip Code          Telephone No. (<u>601</u>) <u>506 9225</u></p>	<p><b>Well or Borehole Location</b>          Latitude: <u>31° 49' 27"</u> Longitude: <u>89° 49' 54"</u>          Method of Lat/Long (circle one): Conventional Survey,          USGS quad, Hand-held GPS, Survey-grade GPS          _____ 1/4 _____ 1/4 Sec <u>20</u> Twn <u>10N</u> Rng <u>18W</u>          Distance Direction Nearest Town  <u>7.8</u> Miles <u>West</u> of <u>Magee</u></p>
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**Well / Borehole Data**

Date drilling started: 6-14-10 Date drilling completed: 6-14-10 Hole depth: 195 Hole diameter: 7

Location of the source of any surface water used for drilling: Creek  
 Method of dosing and volume of Chlorine used in drilling and development: 2 Hr Shock

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_  
 Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (check one): Water Well  Geotechnical/Geological Investigation \_\_\_\_\_ Ground Source Heat Pump \_\_\_\_\_  
 Seismic Survey \_\_\_\_\_ Other (describe) \_\_\_\_\_

*If drilling is not related to water well construction, skip the remainder of this block*

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

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

Static Water Level: 110 feet above or below (circle one) land surface Date measured: 6-14-10

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

Well depth: 195 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix  
 Casing length: 175 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 inches Setting depth: From 175 feet to 195 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 next page*

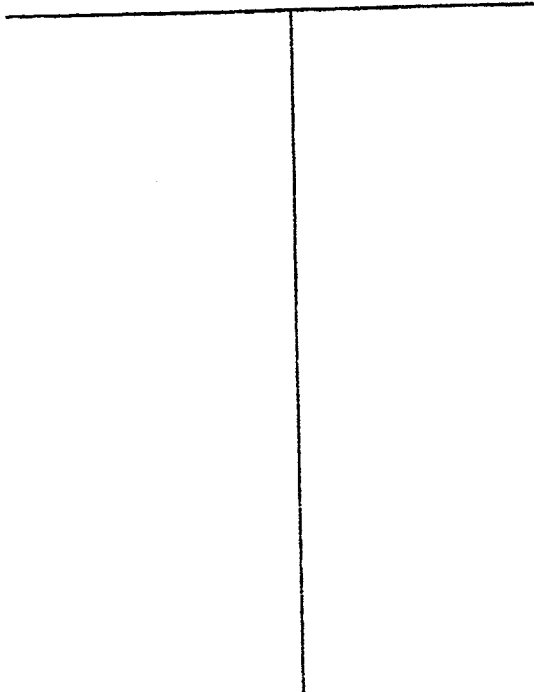
Form: OLWR-SWR-1A (04/08)

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If well telescopes please sketch below and show depths.

849

Ground Level



Description of Formations Encountered	From	To
Top Soil	0	2
Clay	2	40
Sand	40	100
Pea Gravel	100	118

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.

Landowner Name: Harry Walker

James Wells  
 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)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: P49

Elevation: \_\_\_\_\_

County: Simpson  
 Permit #: \_\_\_\_\_  
 Driller: JAMES WELLS  
 Date completed: 6-14-10

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>Larry Walker</u>	Latitude: <u>31°49'27"N</u> Longitude: <u>89°49'54"W</u>
Mailing Address: <u>120 Kapa Place</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>Merger Mia</u>	<input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City: _____ State: _____ Zip Code: <u>39111</u>	<u>1/4</u> <u>1/4</u> Sec <u>20</u> Twn <u>10N</u> Rng <u>18W</u>
Telephone No. <u>(601) 506 9225</u>	Distance _____ Direction _____ Nearest Town _____
	<u>7.8</u> Miles <u>West</u> of <u>Merger</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/>
Bucket <input type="radio"/> 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 <input type="radio"/> Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2</u>
Date Pump Installed: <u>6-14-10</u>	Setting Depth: <u>150</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-14-10</u>	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>110</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>150</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>120</u> Feet Below Land Surface	Well yielded <u>20</u> GPM with a drawdown of
Test Pumping Rate: <u>20</u> Gallons Per Minute	<u>110</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  
 Print Name of Pump Installer and License No. (if applicable)

James Wells  
 Signature of Pump Installer

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