

County: Simpson  
 Permit #: 0-586  
 Driller: JAMES WELLS  
 Date drilling completed: 8-4-11

**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 #: PS1  
 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>          (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Steven Larpid</u>          Mailing Address: <u>134 Gene Lewis Dr.</u>  <u>Magee MS 39111</u>          City: <u>601</u> State: _____ Zip Code: _____          Telephone No. ( ) <u>8499858</u></p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>31° 51' 15"</u> Longitude: <u>89° 45' 49"</u>          Method of Lat/Long (circle one): Conventional Survey,          USGS quad, Hand-held GPS, Survey-grade GPS  <u>NE 1/4 NW 1/4 Sec 12 Twn 10 N Rng SE 18 W</u>          Distance <u>2</u> Miles Direction <u>West</u> of Nearest Town <u>Magee</u></p>
--	--

**Well / Borehole Data**

Date drilling started: 8-4-11 Date drilling completed: 8-4-11 Hole depth: 170 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 lb Shank

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: 80 feet above or below (circle one) land surface Date measured: 8-4-11  
 Method of Measurement (circle one)  steel tape  electric tape  air line  other: \_\_\_\_\_

Well depth: 170 Well grouted to a depth of 10 feet Type of grout (circle one):  Neat Cement  Bentonite  Mix  
 Casing length: 150 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 150 feet to 170 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)

RECEIVED  
 SEP 10 2011  
 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 #: PS1

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

County: Simpson  
 Permit #: \_\_\_\_\_  
 Driller: JAMES WELLS  
 Date completed: 8-4-11

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>Steven Lewis</u> Mailing Address: <u>134 Grace Lewis Dr.</u> <u>Magee MS</u> <u>39111</u> City State Zip Code Telephone No. ( <u>601</u> ) <u>849-9850</u>	Latitude: <u>31-51-15</u> Longitude: <u>89-45-49</u> Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS <u>NE 1/4 NW 1/4 Sec 12 Twn 10N Rng 8E</u> <u>18W</u> Distance Direction Nearest Town <u>2</u> Miles <u>West</u> of <u>Magee</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <del>Submersible</del> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____ Date Pump Installed: <u>8-4-11</u> Rated Pump Capacity: _____ <u>15</u> Gallons Per Minute	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> <del>Electric Motor</del> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: _____ <u>1</u> Setting Depth: _____ <u>110</u> feet Number of Stages: _____ <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-4-11</u> Static Water Level (A): _____ <u>80</u> Feet Below Land Surface Pumping Water Level (B): _____ <u>110</u> Feet Below Land Surface Drawdown [(B) - (A)]: _____ <u>90</u> Feet Below Land Surface Test Pumping Rate: _____ <u>15</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ <u>4</u> hours	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <del>Steel Tape</del> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ <u>18</u> GPM with a drawdown of <u>80</u> feet after _____ <u>4</u> hours of pumping

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

RECEIVED

SEP 19 2011

BY: OLWA