

County: Walthall  
 Permit #: 0-586  
 Driller: JAMES WELLS  
 Date drilling completed: 10-20-10

**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 #: E-230  
 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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Leroy Boughman</u> Mailing Address: <u>227 Hwy 98 West</u> <u>Tylertown MS</u> <u>39667</u> City: <u>201</u> State: <u>MS</u> Zip Code: <u>39667</u> Telephone No.: <u>601-876-2304</u>	Latitude: <u>31.06.59"</u> Longitude: <u>90.09.03"</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 NW 1/4 Sec 24 25 Twn 2N Rng 10E</u> Distance: _____ Miles Direction: <u>West</u> of Nearest Town: <u>Tylertown</u> <u>1515 Magnolia Dr.</u>
<b>Well / Borehole Data</b>	
Date drilling started: <u>10-20-10</u> Date drilling completed: <u>10-20-10</u> Hole depth: <u>75</u> Hole diameter: <u>7</u> Location of the source of any surface water used for drilling: <u>creek</u> Method of dosing and volume of Chlorine used in drilling and development: <u>2 lbs Shark</u> Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____ Name of organization running log(s): _____ Purpose of borehole (check one): Water Well _____ <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) _____ <i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____ If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ Static Water Level: <u>15</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>10-19-10</u> Method of Measurement (circle one): <u>steel tape</u> electric tape air line other: _____ Well depth: <u>75</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): <u>Neat Cement</u> Bentonite Mix Casing length: <u>55</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u> Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u> Screen slot size: <u>.008</u> inches Setting depth: From _____ feet to _____ 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. <i>If telescoped or more than one screen, describe on next page</i>	

If well telescopes please sketch below and show depths.

E 230

Ground Level

Description of Formations Encountered

From To

Description of Formations Encountered	From	To
Top Soil	0	2
Clay	2	10
Sand	10	125

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.

Leadowner Name: Leroy Baughman

James Wells  
Signature of Water Well Contractor

# 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 #: E230

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

County: Walthall  
Permit #: \_\_\_\_\_  
Driller: JAMES WELLS  
Date completed: 10-20-10

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>Leary Baugman</u>	Latitude: <u>31-06-59</u> Longitude: <u>90-09-03</u>
Mailing Address: <u>237 Hwy 98 West</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Tylertown MS 39667</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NE 1/4 NW 14 Sec 24 Twp 2N Rng 10E</u>
Telephone No. ( <u>601</u> ) <u>876 2304</u>	Distance: _____ Direction: <u>25</u> Nearest Town: _____
	<u>1/2</u> miles <u>West</u> of <u>Tylertown</u>

Pump Type Circle one	Power Type Circle one
Air Lift: <input type="checkbox"/> Jet: <input type="checkbox"/> <u>Submersible</u>	Diesel Engine: <input type="checkbox"/> Gasoline Engine: <input type="checkbox"/> Natural Gas: <input type="checkbox"/>
Sticket: <input type="checkbox"/> Piston: <input type="checkbox"/> <u>Turbine</u>	<u>Electric Motor</u> : <input type="checkbox"/> Hand: <input type="checkbox"/> Tractor PTO: <input type="checkbox"/>
Centrifugal: <input type="checkbox"/> Rotary: <input type="checkbox"/> Flowing Well: <input type="checkbox"/>	Windmill: <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>10-20-10</u>	Setting Depth: <u>40</u> feet
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-20-10</u>	Air Lift: <input type="checkbox"/> Electric Measuring Line: <input type="checkbox"/> <del>Steel Tape</del>
Static Water Level (A): <u>15</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>40</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>20</u> Feet Below Land Surface	Well yielded <u>15</u> GPM with a drawdown of _____
Test Pumping Rate: <u>15</u> Gallons Per Minute	<u>15</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.

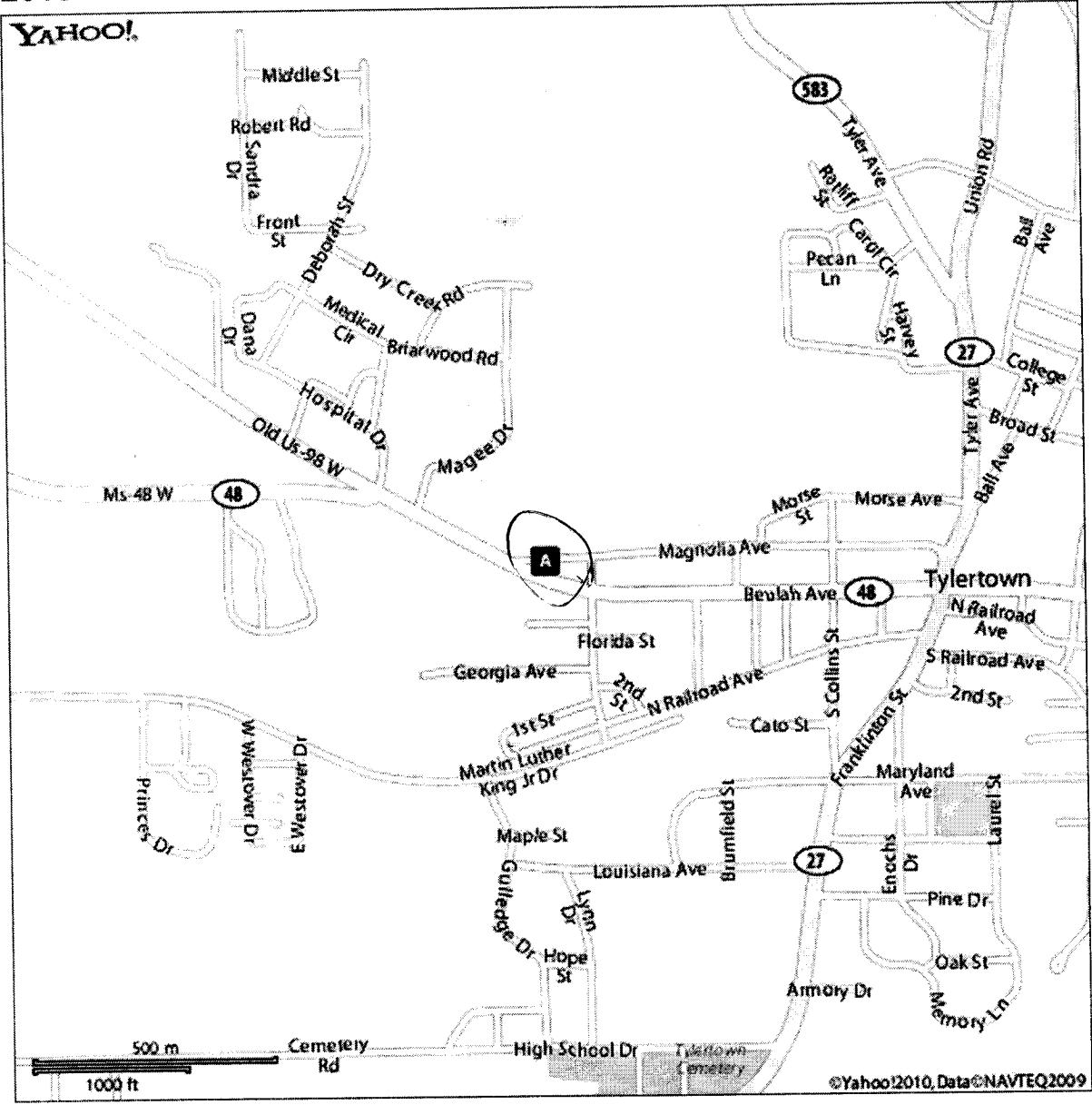
JAMES WELLS 0-586  
Print Name of Pump Installer and License No. (if applicable)

James Wells  
Signature of Pump Installer

# Map of 1515 Magnolia Ave, Tylertown, MS 39667-2015



E230



When using any driving directions or map, it's a good idea to do a reality check and make sure the road still exists, watch out for construction, and follow all traffic safety precautions. This is only to be used as an aid in planning.