

County: Walthall  
 Permit #: 0-586  
 Driller: JAMES WELLS  
 Date drilling completed: 5-13-08

**State Well Report**  
**Part I - Driller's Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2308  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: H-124  
 I. 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<br>(Landowner if borehole is not for a water well) | Well or Borehole Location   |
|--|---|
| Owner Name: <u>Ashley Green Wain</u>   | Latitude: _____ Longitude: _____  |
| Mailing Address: <u>146 H Lison Rd</u><br><u>Tylertown MS 39667</u>          | Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey,<br><input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____                                     | % _____ % Sec <u>5</u> Twp <u>14</u> Rng <u>10E</u>   |
| Telephone No. <u>(601) 464 6517</u>  | Distance _____ Direction _____ Nearest Town _____<br><u>7 Miles SW of Tylertown</u>   |

**Well / Borehole Data**

Date drilling started: \_\_\_\_\_ Date drilling completed: \_\_\_\_\_ Hole depth: \_\_\_\_\_ Hole diameter: \_\_\_\_\_

Location of the source of any surface water used for drilling: Well Water  
 Method of closing and volume of Chlorine used in drilling and development: 2 lbs. Shock

Logs run (circle all applicable):  No logs run  Electric  Gamma Ray  Density  Seismic  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: 15 feet above or below (circle one) land surface Date measured: 5-13-08

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

Well depth: 80 Well grouted to a depth of 16 feet Type of grout (circle one):  Concrete  Mortar  Soil

Casing length: 60 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 60 feet to 80 feet

Type of completion (circle all applicable):  Gravel packed  Undrilled  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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# STATE WELL REPORT

## Part 2

Pump Installer's Completion Report  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39215  
 (601) 961-5210  
 (601) 961-5228 (fax)

County: Walthall  
 Permit #: \_\_\_\_\_  
 Driller: JAMES WELLS  
 License No.: S-17-08  
 Copy information from block on Part 1

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: H-124  
 Elevation: \_\_\_\_\_

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

| Well Owner Information   | Well Location  |
|--|--|
| Owner Name: <u>Shirley Green Wall</u>                                | Latitude: _____ Longitude: _____   |
| Mailing Address: <u>146 N. Mason Rd</u><br><u>Tylertown MS 39667</u> | Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey<br><input type="checkbox"/> USGS quad _____ <input type="checkbox"/> Hand-held GPS _____ <input type="checkbox"/> Survey-grade GPS _____ |
| City: _____ State: _____ Zip Code: _____                             | <u>1/4</u> <u>1/4</u> Sec. <u>S 11 N R 10 E</u>  |
| Telephone No.: <u>601 464 6517</u>                                   | Distance: _____ LAFOUNDER: _____ DEAREST TOWN: _____   |
|  | <u>7</u> miles <u>SW</u> of <u>Tylertown</u>   |

| Pump Type<br>Circle one  | Pump Type<br>Circle one  |
|--|--|
| Air Lift: <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible | Diesel Engine: <input type="checkbox"/> Gasoline Engine: <input type="checkbox"/> Natural Gas: <input type="checkbox"/>  |
| Bucket: <input type="checkbox"/> Piston <input type="checkbox"/> Turbine               | <input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Factory P.L.U. |
| Construction: <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well    | Wellhead: _____ Casing (specify): _____  |
| Other (specify): _____   | Motor Power Rating of Motor: <u>1</u>  |
| Date Pump Installed: <u>S-13-08</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<br><u>S-13-08</u>                           | Method of Measuring Water Level<br>Circle one   |
|--|---|
| Live Well Tested: _____                                    | Air Line: <input type="checkbox"/> Electric Measuring Line: <input type="checkbox"/> <input checked="" type="checkbox"/> Steel Tape |
| 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>15</u> Feet Below Land Surface    | Well yielded: <u>15</u> GPM with a drawdown of _____  |
| Test Pumping Rate: <u>15</u> Gallons Per Minute            | _____ 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 0586 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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