

# 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)

County: Walthall  
Permit #: 0-586  
Driller: JAMES WELLS  
Date drilling completed: 9-15-10

For Office Use Only:

Aquifer: H137  
Well #: \_\_\_\_\_  
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 style="text-align: center;"><b>Information on Well Owner</b><br/><i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Chin Stamer</u><br/>Mailing Address: <u>917 Maryland Ave</u><br/><u>Tylertown ms</u><br/><u>39667</u><br/>City State Zip Code<br/>Telephone No. (<u>662</u>) <u>9342971</u></p> | <p style="text-align: center;"><b>Well or Borehole Location</b></p> <p>Latitude: <u>31° 04' 41"</u> Longitude: <u>90° 13' 26"</u><br/>Method of Lat/Long (circle one): Conventional Survey,<br/>USGS quad, Hand-held GPS, Survey-grade GPS<br/><u>NW ¼ SW ¼ Sec 5 Twn 1N Rng 10E</u><br/>Distance <u>6</u> Miles Direction <u>SW</u> of Nearest Town <u>Tylertown</u></p> |
|--|---|

**Well / Borehole Data**

Date drilling started: 9-15-10 Date drilling completed: 9-15-10 Hole depth: 80 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 Shuck

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: 15 feet above or below (circle one) land surface Date measured: 9-15-10

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

Well depth: 80 Well grouted to a depth of 18 feet Type of grout (circle one): Neat Cement Bentonite Mix  
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 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)

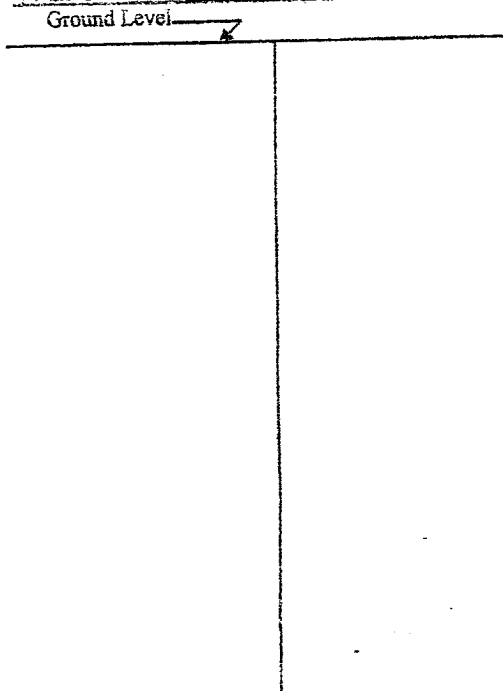
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The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
|                                       | Ground Level | 2          |
| Clay                                  | 2            | 30         |
| Sand                                  | 30           | 80         |
| Gravel                                | 30           | 80         |
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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) a north arrow.

Landowner Name: Chim Slogner

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

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

JAMES WELLS 0586  
 Print Name of Responsible Licensee and License No. \_\_\_\_\_ Date \_\_\_\_\_

James Wells  
 Signature of Licensee

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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 39225  
 (601)961-5210  
 (601)961-5228 (fax)

County: Waltham  
 Permit #: \_\_\_\_\_  
 Driller: JAMES WELLS  
 Date completed: 9-15-10  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: \_\_\_\_\_  
 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>Chin Stegner</u>              | Latitude: _____ Longitude: _____                             |
| Mailing Address: <u>917 Maryland Ave</u>     | Method of Lat/Long (check one): Conventional Survey _____    |
| <u>Tylertown</u>                             | USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ |
| <u>39667</u>                                 | _____ 1/4 _____ 1/4 Sec. <u>S T 1 N R 10 E</u>               |
| City State Zip Code                          | Distance Direction Nearest Town                              |
| Telephone No. ( <u>662</u> ) <u>934 2971</u> | <u>6</u> Miles <u>SW</u> of <u>Tylertown</u>                 |

| Pump Type<br>Circle one                           | Power Type<br>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>1</u>       |
| Date Pump Installed: <u>9-15-10</u>               | Setting Depth: <u>40</u> <del>25</del> feet |
| Rated Pump Capacity: <u>15</u> Gallons Per Minute | Number of Stages: <u>14</u>                 |

| Pump Test Data   | Method of Measuring Water Level<br>Circle one       |
|--|---|
| Date Well Tested: <u>9-15-10</u>                           | Air Line Electric Measuring Line Steel <u>Tap</u>   |
| Static Water Level (A): <u>25</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>25</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): _____ hours       |   |

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

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

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

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