

County: Walthall  
 Permit #: 0-586  
 Driller: JAMES WELLS  
 Date drilling completed: 10-17-12

**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 #: H149  
 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></p> <p>Owner Name: <u>Mrent Ooyd</u>        Mailing Address: <u>83 Hinson rd</u>  <u>Tylertown MS 39667</u>        City State Zip Code        Telephone No. <u>225, 201-0859</u></p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>31.04.425</u> Longitude: <u>90.13.391</u>        Method of Lat/Long (circle one): <u>25</u> Conventional Survey,        USGS quad, Hand-held GPS, Survey-grade GPS <input checked="" type="checkbox"/>  <u>SW 1/4 SW 1/4 Sec 6 Twn 1N Rng 10E</u>        Distance Direction Nearest Town  <u>6</u> Miles <u>SW</u> of <u>Tylertown</u></p>
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**Well / Borehole Data**

Date drilling started: 10-17-12 Date drilling completed: 10-17-12 Hole depth: 70 Hole diameter: 7 1/2

Location of the source of any surface water used for drilling: FUNNIN CREEK  
 Method of dosing and volume of Chlorine used in drilling and development: 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: 6 feet above or below (circle one) land surface Date measured: 10-17-12

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

Well depth: 70 Well grouted to a depth of 10 feet Type of grout (circle one):  Neat Cement Bentonite Mix

Casing length: 50 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 50 feet to 70 feet

Type of completion (circle all applicable):  Gravel packed Underreamed Telescoped Open hole Natural Development  
 Other (describe): \_\_\_\_\_

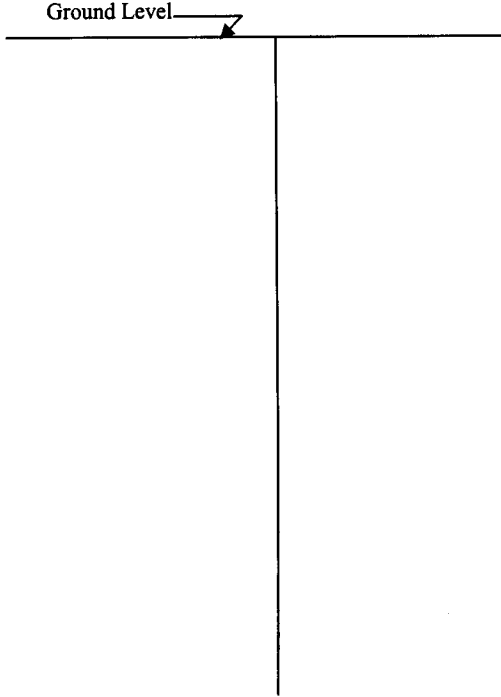
Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. *If telescoped or more than one screen, describe on next page*

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

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 BY: C'WP

The sketch below only required for water wells

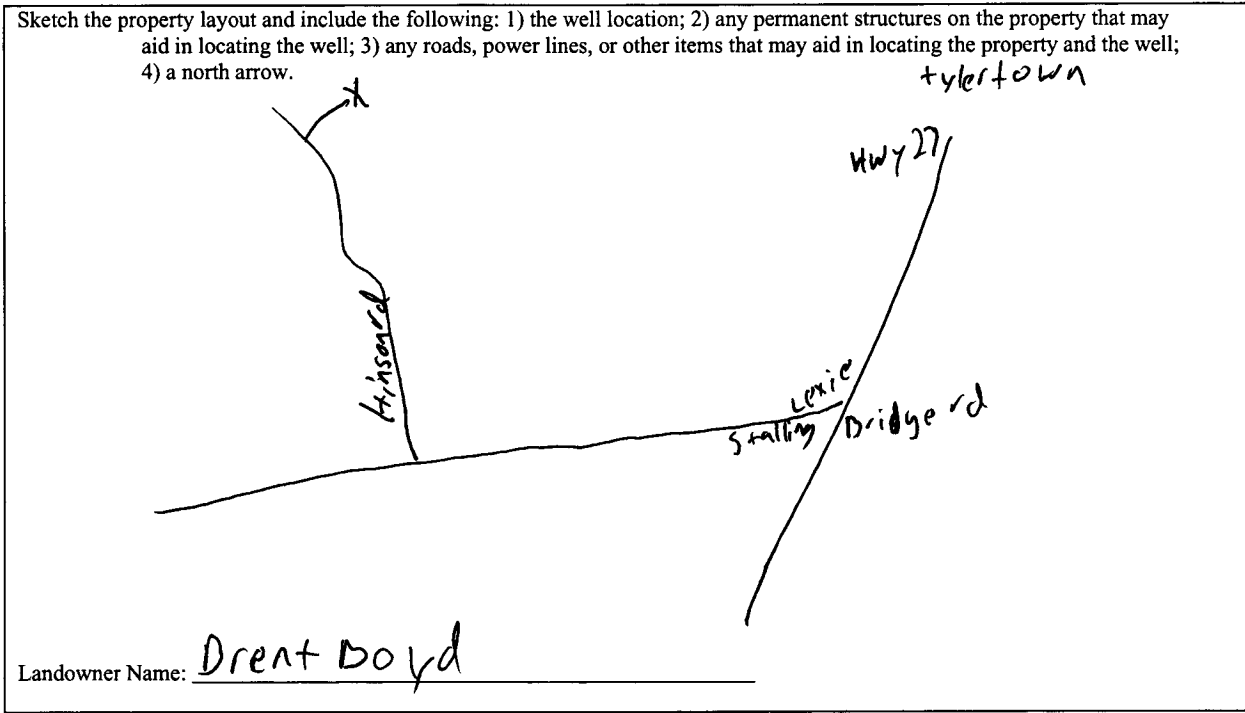
If well telescopes, show depths on sketch.



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

Description of Formations Encountered	From (depth)	To (depth)
Fossil Gravel-sand	Ground Level 1	1 70

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



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 0-586  
Print Name of Responsible Licensee and License No.

James Wells  
Signature of Licensee

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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)

County: \_\_\_\_\_  
 Permit #: \_\_\_\_\_  
 Driller: JAMES WELLS  
 Date completed: \_\_\_\_\_

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: H149  
 Elevation: \_\_\_\_\_

**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>Brent Boyd</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>83 Hinson Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Tylertown MS 39667</u> City State Zip Code	<u>SW 1/4 SW 1/4 Sec 6 Twn 1N Rng 10E</u>
Telephone No. <u>225 301-0859</u>	Distance Direction Nearest Town <u>6 Miles SW of Tylertown</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>14.8</u>
Date Pump Installed: <u>10-17-12</u>	Setting Depth: <u>30</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-17-12</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u>
Static Water Level (A): <u>6</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>30</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>24</u> Feet Below Land Surface	Well yielded <u>17</u> GPM with a drawdown of
Test Pumping Rate: <u>17</u> Gallons Per Minute	<u>24</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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 JAN 14 2013  
 BY: OLWR