

State Well Report

Part 1 - Driller's Log

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 #: J-70
L. S. Elevation:
E-log #:

County: Waltham
Permit #:
Driller: J.C. Sumrall
Date drilling completed: 7/11/08

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: Clay Vince
Mailing Address: 91 Lee's Chapel Rd, Tyertown, MS
Telephone No: 601 222-1010
Latitude:
Longitude:
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
Distance: 5 Miles Direction: S/E of Tyertown

Well / Borehole Data
Date drilling started: 7/11/08 Date drilling completed: 7/11/08 Hole depth: 122ft Hole diameter: 7 1/2
Location of the source of any surface water used for drilling: POTABLE WATER
Method of dosing and volume of Chlorine used in drilling and development:
Logs run (circle all applicable): No log run
Purpose of borehole (check one): Water Well
Purpose of Well (check one): Other: Chicken House
Static Water Level: 80 feet above or below (circle one) land surface Date measured: 7/11/08
Method of Measurement (circle one): steel tape
Well depth: 122 Well grouted to a depth of 10 feet Type of grout (circle one): Mix
Casing length: 112 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: .010 inches Setting depth: From 112 feet to 122 feet
Type of completion (circle all applicable): Natural Development

Form: OLWR-SWR-1A

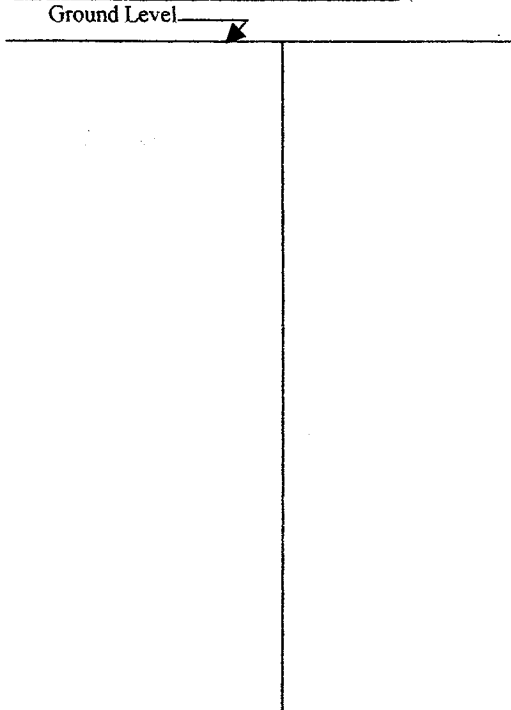
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J-70

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

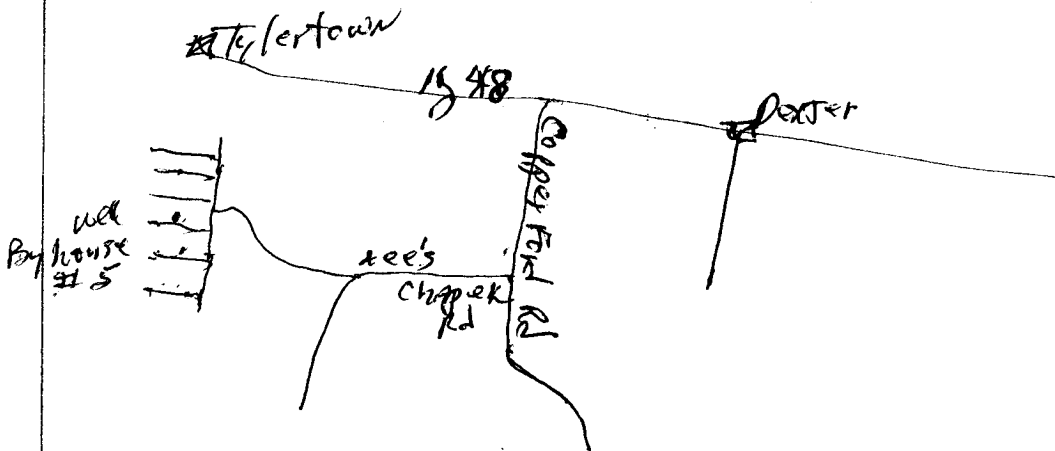
If well telescopes, show depths on sketch



Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
<del>xxxx</del> TOP SOIL	0	1
STICKY CLAY	1	80
SAND	80	122

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: \_\_\_\_\_

Form: OLWR-SWR-1A

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.

Jordan Webb Sev 0-508     7/11/08  
 Print Name of Responsible Licensee and License No.     Date

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 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

County: Walthall  
 Permit #: \_\_\_\_\_  
 Driller: J.C. Sumrall  
 Date completed: 7/11/08  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: J-70  
 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>Clay Vince</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>911 Lee's Chapel Rd</u> <u>Tylertown, MS</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec <u>13</u> T <u>1</u> R <u>11</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. <u>601 222-1010</u>	<u>5</u> Miles <u>S/E</u> of <u>Tylertown</u>

Pump Type Circle one	Power Type 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>3/4</u>
Date Pump Installed: <u>7/11/08</u>	Setting Depth: <u>110</u> feet
Rated Pump Capacity: <u>33</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7/11/08</u>	Air Line _____ Electric Measuring Line _____ <u>Steel Tape</u>
Static Water Level (A): <u>80</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded <u>33</u> GPM with a drawdown of _____ feet after <u>4</u> hours of pumping
Test Pumping Rate: <u>33</u> Gallons Per Minute	
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.

Jordan Well Ser 0-508 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-3W-1  
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