

Wayne

Part 2 never received 3/13

State Well Report

Part 1

For Office Use Only:

c Laurel
 Permit #:
 Driller: McDonald + Hill Inc.
 Date drilling completed: 6-27-06

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)

Aquifer: _____
 Well #: 130
 L. S. Elevation: K47
 E-log #: _____

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>JAMES COOLEY</u>	Latitude: <u>31° 42' 04"</u> Longitude: <u>88° 31' 29"</u>
Mailing Address: <u>310 - MISS DR</u> <u>WAYNESBORO</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>MS 39367</u>	USGS quad, Hand-held GPS, Survey-grade GP
City: _____ State: _____ Zip Code: _____	Quad <u>P</u> 1/4 Sec. <u>31</u> Twn <u>9N</u> Rng. <u>5W</u>
Telephone No. <u>(601) 735-4022</u>	Distance <u>6 1/2</u> Miles Direction <u>E</u> of <u>Waynesboro</u>

Well Data

Purpose of Well (circle one): Home CAMP Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 6-26-06 Date well drilling completed: 6-27-06

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 6-27-06

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

Hole depth: 80 Well depth: 80 Well grouted to a depth of 10 feet

Type of grout (circle one): 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: .006 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 back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

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

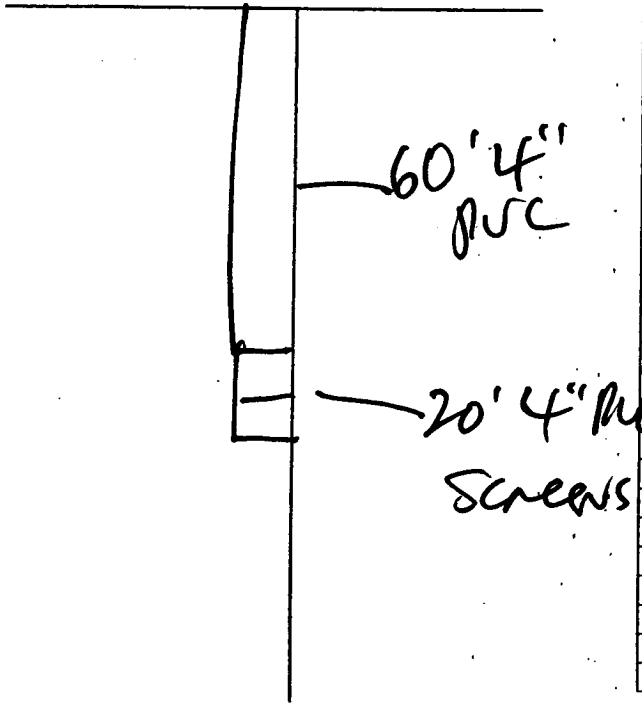
McDonald + Hill Inc. 0-8
 Print Name of Water Well Contractor and License No.

Harold Hill
 Signature of Water Well Contractor

~~130~~ KAT

If well telescopes please sketch below and show depths.

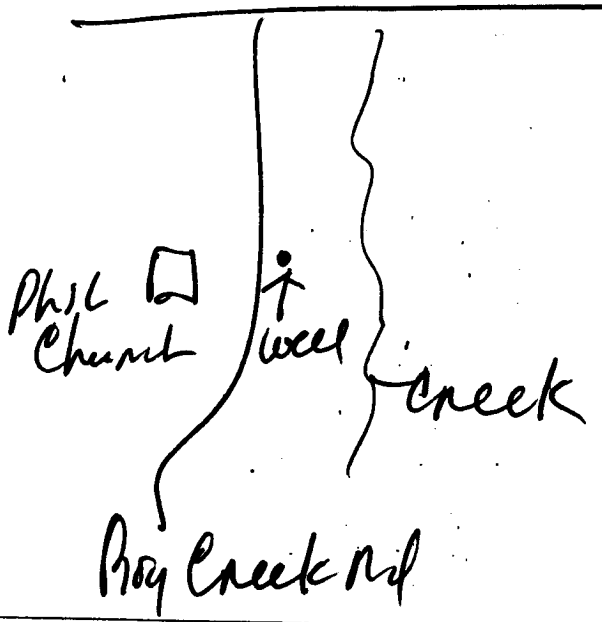
Ground Level



Description of Formations Encountered	From	To
SAND	0	15
SHALE & ROCK	15	25
Chalk	25	45
SOFT CHALK	45	60
White SAND	60	80

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.



Landowner Name: _____

Harold Dea
Signature of Water Well Contractor

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JAN 24 1966
BY [unclear]

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: Wayne
 Permit #: _____
 Driller: _____
 Date completed: _____

For Office Use Only:

Aquifer: _____
 Well #: Q-130
 Elevation: K47

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: _____	Latitude: _____ Longitude: _____
Mailing Address: <u>Customer installed</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
_____	_____ 1/4 _____ 1/4 Sec <u>31</u> Twn <u>6N</u> Rng <u>17E</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town <u>9N 5W</u>
Telephone No. (____) _____	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: _____	Setting Depth: _____ feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): _____ 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 _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Print Name of Pump Installer and License No. (if applicable) _____ Signature of Pump Installer _____

Joe Howell put pump in for James Cooley, 7/24/06

RECEIVED
 JUL 24 2006
 BY: OLWR