

State Well Report

Part 1

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 #: L-81
L. S. Elevation: _____
E-log #: _____

County: Wayne
Permit #: _____
Driller: Roy V. West Drilling
Date drilling completed: 4-21-06

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>Jimmy Dean</u>			Latitude: <u>88° 54' 00"</u> Longitude: <u>31° 38' 00"</u>		
Mailing Address: <u>504 Wooten Dean Rd.</u>			Method of Lat/Long (circle one): <u>DOT MAP</u> Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS		
<u>Samuel</u> <u>MS</u> <u>39443</u>			<u>NW 1/4 NE 1/4 Sec 21</u> Twn <u>8N</u> Rng <u>9W</u>		
City State Zip Code			Distance Direction Nearest Town		
Telephone No. () _____			<u>13</u> Miles <u>SW</u> of <u>Waynesboro</u>		
Well Data					
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: <u>Poultry Farm</u>					
Date well drilling started: <u>4-21-06</u> Date well drilling completed: <u>4-21-06</u>					
If flowing, method of flow regulation: Valve _____ Other (describe) _____					
Static Water Level: <u>38</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>4-21-06</u>					
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____					
Hole depth: <u>160</u> Well depth: <u>160</u> Well grouted to a depth of <u>10</u> feet					
Type of grout (circle one): <u>Cement</u> Bentonite Mix					
Casing length: <u>150</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>					
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC slatted</u>					
Screen slot size: <u>10/10</u> inches Setting depth: From <u>150</u> feet to <u>160</u> feet					
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u>					
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): <u>No log run</u> 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.					
<u>David A. West</u> <u>0-672</u>			<u>David A. West</u>		
Print Name of Water Well Contractor and License No.			Signature of Water Well Contractor		

RECEIVED
MAY 05 2006
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: Wayne
 Permit #: _____
 Driller: Roy V. West Drilling
 Date completed: 4-21-06

For Office Use Only:

Aquifer: _____
 Well #: L-81
 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>Jimmy Dean</u>	Latitude: <u>88°54'</u> Longitude: <u>31°38'</u>
Mailing Address: _____	Method of Lat/Long (circle one): Conventional Survey,
_____	USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	<u>NW</u> ¼ <u>NE</u> ¼ Sec <u>21</u> Twn <u>8N</u> Rng <u>9W</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____
	<u>13</u> Miles <u>SW</u> of <u>Waynesboro</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input checked="" type="checkbox"/>	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 type="checkbox"/>	Electric Motor <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>4-25-06</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
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.

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

RECEIVED
 MAY 05 2006
 BY: OLWR