

DEP

# 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)

County: WAYNE  
 Permit #: \_\_\_\_\_  
 Driller: A-1 DRILLING SERV  
 Date drilling completed: 1-23-09

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: N-199  
 L. S. Elevation: \_\_\_\_\_  
 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>DAVIS EPPES</u>	Latitude: <u>31° 38' 33"</u> Longitude: <u>88° 44' 12"</u>
Mailing Address: <u>231 MAYNOR CR. DR. RD</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>WAYNESBORO MS 39367</u>	<u>USGS quad</u> <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NW 1/4 NW 1/4 Sec 30 Twn 8N Rng 7W</u>
Telephone No. <u>(601) 671-8569</u>	Distance <u>1.412</u> Miles Direction <u>SW</u> of Nearest Town <u>WAYNESBORO</u>

**Well Data**

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

Date well drilling started: 1-20-09 Date well drilling completed: 1-23-09

If flowing, method of flow regulation: Valve NA Other (describe) \_\_\_\_\_

Static Water Level: 92 feet above or below (circle one) TI 049 land surface Date measured: 1-23-09

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

Hole depth: 162' Well depth: 161' Well grouted to a depth of 13 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 141 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 141 feet to 161 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: NA 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): NA

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.

Wilbur T. Baughman 0410 Wilbur T. Baughman  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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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)

### For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: N-199  
 Elevation: \_\_\_\_\_

County: WAYNE  
 Permit #: \_\_\_\_\_  
 Driller: A-1 DRILLING SERV.  
 Date completed: 1-27-09

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>DAVIS EPPES</u>	Latitude: <u>31°38'33"</u> Longitude: <u>88°44'126"</u>
Mailing Address: <u>231 MAYNOR CR DE RO</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>WAYNESBORO MS 39367</u>	<u>USGS quad</u> <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>NW 1/4 NW 1/4 Sec 30 Twn BN Rng 7W</u>
Telephone No. <u>(601) 671-8569</u>	Distance Direction <u>Nearest Town</u>
	<u>±4 1/2 Miles SW of WAYNESBORO</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>5</u>
Date Pump Installed: <u>1-27-09</u>	Setting Depth: <u>141</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>92</u> Feet Below <u>Land Surface</u>	Other (specify): <u>SONIC</u>
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: <u>NA</u> feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded <u>NA</u> GPM with a drawdown of
Test Pumping Rate: <u>NA</u> Gallons Per Minute	<u>NA</u> feet after <u>NA</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>NA</u> hours	

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

Wilbur T. Baughman 0440 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 FEB 05 2009  
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