

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)

601-360-0535

For Office Use Only:

Aquifer: P 77
 Well #: _____
 L. S. Elevation: _____
 E-log #: _____

County: WAYNE
 Permit #: _____
 Driller: CAIN
 Date drilling completed: 02/14/2011

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>LAMAR RAMEY</u>	Latitude: <u>31 41 07</u> Longitude: <u>83 28 50</u>
Mailing Address: <u>P.O. BOX 215</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>BUCKATUNNA MS. 39322</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code <u>601 735-7799</u>	<u>S W 3 8/N 5/W</u> 1/4 1/4 Sec Twn Rng
Telephone No. () _____	Distance Direction Nearest Town <u>8</u> Miles <u>S/E</u> of <u>WAYNESBORO</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply (Irrigation) Fish Culture Other: _____
 Date well drilling started: 02/09/2011 Date well drilling completed: 02/14/2011
 If flowing, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 80' feet above or below (circle one) land surface Date measured: 02/11/2011
 Method of Measurement (circle one) (steel tape) electric tape air line other: _____
 Hole depth: 126' Well depth: 126' Well grouted to a depth of 10' feet
 Type of grout (circle one): Cement (Bentonite) Mix
 Casing length: 116 feet Casing diameter: 4 inches Type of casing: PVC
 Screen length: 10' feet Screen diameter: 4 inches Type of screen: PVC
 Screen slot size: # 12 inches Setting depth: From 116 feet to 126 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.

NELSON CAIN LIC.#0-374
 Print Name of Water Well Contractor and License No.

Nelson Cain
 Signature of Water Well Contractor

RECEIVED
 MAR 2 3 2011
 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)

For Office Use Only:

Aquifer: _____
Well #: _____
Elevation: _____

County: WAYNE
Permit #: _____
Driller: CAIN
Date completed: 02/14/2011

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>LAMAR RAMEY</u>	Latitude: <u>31°6855'</u> Longitude: <u>88°4820'</u>
Mailing Address: <u>P.O. BOX 215</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>BUCKATUNNA MS 39322</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	S <u>1/4</u> W <u>1/4</u> Sec <u>3</u> Twn <u>8/N</u> Rng <u>5/W</u>
Telephone No. <u>601, 735 - 7799</u>	Distance Direction Nearest Town
	<u>8</u> Miles <u>S/E</u> of <u>WAYNESBORO</u>

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: <u>1 1/2</u> HP.
Date Pump Installed: <u>02/11/2011</u>	Setting Depth: <u>120'</u> feet
Rated Pump Capacity: <u>30</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>02/11/2011</u>	Air Line Electric Measuring Line (Steel Tape)
Static Water Level (A): <u>80'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>100'</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>20'</u> Feet Below Land Surface	Well yielded <u>40</u> GPM with a drawdown of
Test Pumping Rate: <u>40</u> Gallons Per Minute	<u>20'</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.

NELSON CAIN LIC.# 0-374
Print Name of Pump Installer and License No. (if applicable)

Nelson Cain
Signature of Pump Installer

RECEIVED
MAR 23 2011
BY: OLWR