

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 #: J-32
L. S. Elevation:
E-log #:

County: Winston
Permit #:
Driller: N. Cain
Date drilling completed: 4-24-06

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: Owner Name Tim Smith, Mailing Address 610 Campground Rd, Louisville MS 39339, Telephone No. (662) 773 6142. Well Location: Latitude/Longitude, Method of Lat/Long Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, N 1/4 W 1/4 Sec 25 Twn 14N Rng 11E, Distance 3 1/2 Miles Direction N 45 of Nearest Town Noxapater MS.

Well Data: Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Chicken Henhouse. Date well drilling started: 4-18-06 Date well drilling completed: 4-24-06. Static Water Level: 170 feet above or below (circle one) land surface Date measured: 4-21-06. Method of Measurement (circle one) steel tape electric tape air line other: Str. Tap. Hole depth: 610 Well depth: 610 Well grouted to a depth of 10 feet. Type of grout (circle one): Cement Bentonite Mix. Casing length: 580 feet Casing diameter: 4 1/2 inches Type of casing: PVC. Screen length: 20 feet Screen diameter: 2 inches Type of screen: PVC. Screen slot size: #10 inches Setting depth: From 580 feet to 610 feet. Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development. Top of lap pipe or reduction in casing: 320 feet. Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:

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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 O-374
Print Name of Water Well Contractor and License No.

Nelson Cain
Signature of Water Well Contractor

#4 well

# 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: Winston  
 Permit #: \_\_\_\_\_  
 Driller: N. Cain  
 Date completed: 4-24-06

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: J-32  
 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>Tim Smith</u>                 | Latitude: _____ Longitude: _____                      |
| Mailing Address: <u>610 Camp ground Rd</u>   | Method of Lat/Long (circle one): Conventional Survey, |
| <u>Louisville MS 39339</u>                   | USGS quad, Hand-held GPS, Survey-grade GPS            |
| City State Zip Code                          | <u>N 1/4 W 1/4 Sec 35 Twn 11N Rng 11E</u>             |
| Telephone No. ( <u>601</u> ) <u>773-6142</u> | Distance Direction Nearest Town                       |
|  | <u>3 1/2 Miles N/W of Noxapater MS</u>                |

| Pump Type<br>Circle one                           | Power Type<br>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 hp</u>  |
| Date Pump Installed: <u>4-21-06</u>               | Setting Depth: <u>240</u> feet            |
| Rated Pump Capacity: <u>45</u> Gallons Per Minute | Number of Stages: <u>15</u>               |

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| Pump Test Data  | Method of Measuring Water Level<br>Circle one       |
|---|---|
| Date Well Tested: <u>4-21-06</u>                            | Air Line Electric Measuring Line Steel Tape         |
| Static Water Level (A): <u>170</u> Feet Below Land Surface  | Other (specify): <u>string</u>                      |
| Pumping Water Level (B): <u>200</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>30</u> Feet Below Land Surface     | Well yielded <u>45</u> GPM with a drawdown of       |
| Test Pumping Rate: <u>45</u> Gallons Per Minute             | <u>30</u> feet after <u>1</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 0-374  
 Print Name of Pump Installer and License No. (if applicable)

Nelson Cain  
 Signature of Pump Installer

#4 well

