

# 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 #: K-32  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Winston  
Permit #: \_\_\_\_\_  
Driller: Nelson Cain  
Date drilling completed: 12-7-05

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>Allen Young</u>  | Latitude: _____ Longitude: _____                                  | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |  |
| Mailing Address: <u>3551 Young Crossing Rd.</u>   | City: <u>Noxapater Ms</u> State: <u>Ms</u> Zip Code: <u>39346</u> | Distance: <u>3</u> Miles Direction: <u>NE</u> of Nearest Town: <u>Noxapater Ms</u>               |  |
| Telephone No. <u>(601) 724-2311</u>   |   |  |  |
| Well Data   |   |  |  |
| Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: <u>Chicken House</u>  |   |  |  |
| Date well drilling started: <u>11-30-05</u>   | Date well drilling completed: <u>12-7-05</u>                      |  |  |
| If flowing, method of flow regulation: Valve _____ Other (describe) _____   |   |  |  |
| Static Water Level: <u>73</u> feet above or below (circle one) land surface   | Date measured: <u>12-5-05</u>                                     |  |  |
| Method of Measurement (circle one) steel tape electric tape air line other: <u>string</u>   |   |  |  |
| Hole depth: <u>205</u> Well depth: <u>205</u> Well grouted to a depth of <u>10</u> feet   |   |  |  |
| Type of grout (circle one) Cement <u>Bentonite</u> Mix  |   |  |  |
| Casing length: <u>185</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>  |   |  |  |
| Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>   |   |  |  |
| Screen slot size: <u>#10</u> inches Setting depth: From <u>185</u> feet to <u>205</u> feet  |   |  |  |
| Type of completion (circle all applicable): <u>Gravel packed</u> 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): <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>Nelson Cain</u> <u>0-374</u>   | <u>Nelson Cain</u>  |  |  |
| 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 #: K-32

Elevation: \_\_\_\_\_

County: Winston  
 Permit #: \_\_\_\_\_  
 Driller: Nelson Cain  
 Date completed: 12-7-05

**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>Young</u>                   | Latitude: _____ Longitude: _____  |
| Mailing Address: _____                           | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Noxapater Ms 39346</u><br>City State Zip Code | <u>N 1/4 W 1/4 Sec 32 Twn 14N Rng 12E</u>   |
| Telephone No. (____) _____                       | Distance Direction Nearest Town<br><u>3 Miles NE of Noxapater ms</u>                                |

| Pump Type<br>Circle one  | Power Type<br>Circle one  |
|--|---|
| Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas                               |
| Bucket Piston <input type="radio"/> <input type="radio"/> Turbine                      | <input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO |
| Centrifugal Rotary <input type="radio"/> <input type="radio"/> Flowing Well            | Windmill Other (specify): _____   |
| Other (specify): _____   | Horse Power Rating of Motor: <u>5 hp</u>                                |
| Date Pump Installed: <u>12-5-05</u>  | Setting Depth: <u>180</u> feet  |
| Rated Pump Capacity: <u>35</u> Gallons Per Minute                                      | Number of Stages: <u>15</u>   |

| Pump Test Data  | Method of Measuring Water Level<br>Circle one       |
|---|---|
| Date Well Tested: <u>12-7-05</u>                            | Air Line Electric Measuring Line Steel Tape         |
| Static Water Level (A): <u>73</u> Feet Below Land Surface   | Other (specify): <u>String</u>                      |
| Pumping Water Level (B): <u>130</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>57</u> Feet Below Land Surface     | Well yielded <u>55</u> GPM with a drawdown of       |
| Test Pumping Rate: <u>55</u> Gallons Per Minute             | <u>57</u> feet after <u>6</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

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

Nelson Cain

Signature of Pump Installer

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