

# 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 #: 4-51  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Carroll 004  
 Permit #: \_\_\_\_\_  
 Driller: James Wells  
 Date drilling completed: 2-17-05

Ray V West Water Well Drilling, Inc

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>George Penan</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. 13439</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Centerville MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>39631</u>	____ 1/4 ____ 1/4 Sec. <u>22</u> Twn <u>2 N</u> Rng <u>2 E</u>
City State Zip Code	Distance Direction Nearest Town <u>3</u> Miles <u>South</u> of <u>Centerville</u>
Telephone No. ( ) _____	
Well Data	
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____	
Date well drilling started: <u>2-10-05</u> Date well drilling completed: <u>2-10-05</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>80</u> feet above or below (circle one) land surface Date measured: _____	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Hole depth: <u>140</u> Well depth: <u>140</u> Well grouted to a depth of <u>15</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix	
Casing length: <u>120</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>002</u> inches Setting depth: From <u>120</u> feet to <u>140</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>JAMES WELLS</u> <u>05786</u>	<u>James Wells</u>
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

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MAR 07 2005

BY: OLWR



# STATE WELL REPORT

County: Amite  
 Permit #: James Wells  
 Driller: James Wells  
 Date completed: 2-17-05

**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 #: L-51  
 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>George Pewee</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 39</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Centerville MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: <u>39631</u>	<u>1/4</u> <u>1/4</u> Sec <u>23</u> Twn <u>2h</u> Rng <u>2E</u>
Telephone No. ( ) _____	Distance _____ Direction _____ Nearest Town _____
	<u>3</u> Miles <u>S</u> east of <u>Mentzer</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift _____	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Jet _____	<u>Electric Motor</u> _____ Hand _____ Tractor PTO _____
Submersible _____	Windmill _____ Other (specify): _____
Piston _____	Horse Power Rating of Motor: _____
Turbine _____	Setting Depth: <u>120</u> feet
Rotary _____	Number of Stages: <u>14</u>
Flowing Well _____	
Other (specify): _____	
Date Pump Installed: <u>2-10-05</u>	
Rated Pump Capacity: _____ Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level
Circle one	Circle one
Date Well Tested: _____	Air Line _____ Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>80</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>120</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>80</u> Feet Below Land Surface	Well yielded <u>15</u> GPM with a drawdown of
Test Pumping Rate: <u>15</u> Gallons Per Minute	<u>80</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.  
JAMES WELLS 0586  
 Print Name of Pump Installer and License No. (if applicable)  
James Wells  
 Signature of Pump Installer

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MAR 07 2005

BY: OLWR