

# 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 #: H-38  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Clairborne  
Permit #: \_\_\_\_\_  
Driller: JAMES WELLS  
Date drilling completed: 5-16-07

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>Larry Gilbert</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>316 Kellys Glen</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Ridgeland MS 39157</u> City State Zip Code	1/4 1/4 Sec <u>17</u> Twn <u>12N</u> Rng <u>05E</u>
Telephone No. <u>(601) 842-8901</u>	Distance <u>12</u> Miles Direction <u>W</u> of Nearest Town <u>Uz. Co</u>

**Well Data**

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

Date well drilling started: 5-16-07 Date well drilling completed: 5-16-07

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

Static Water Level: 30 feet above or below (circle one) land surface Date measured: 5-16-07

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

Hole depth: 55 Well depth: 55 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 35 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 008 inches Setting depth: From 35 feet to 55 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.

JAMES WELLS 0-586  
Print Name of Water Well Contractor and License No.

James Wells  
Signature of Water Well Contractor

Casing only

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If well telescopes please sketch below and show depths.

H 38

Ground Level

Description of Formations Encountered

From To

Description of Formations Encountered	From	To
topsoil	0	2
clay	2	15
sand	15	55

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.

Landowner Name: Larry Gilbert

James Wells  
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 #: H-38

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

County: Claiborne  
 Permit #: \_\_\_\_\_  
 Driller: JAMES WELLS  
 Date completed: 5-16-07

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

Owner Name: Larry Gilbert

Mailing Address: 316 Kellys Glen

Ridgeland MS 39157  
 City State Zip Code

Telephone No. (601) 842-8901

Casing  
Only

### Well Location

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Method of Lat/Long (circle one): Conventional Survey,

USGS quad, Hand-held GPS, Survey-grade GPS

\_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 Sec 17 Twn 12N Rng 05E

Distance Direction Nearest Town

12 Miles W of Utica

### Pump Type Circle one

Air Lift Jet  Submersible  
 Bucket Piston Turbine  
 Centrifugal Rotary Flowing Well  
 Other (specify): \_\_\_\_\_

Date Pump Installed: \_\_\_\_\_

Rated Pump Capacity: \_\_\_\_\_ Gallons Per Minute

### Power Type Circle one

Diesel Engine Gasoline Engine Natural Gas  
 Electric Motor Hand Tractor PTO  
 Windmill Other (specify): \_\_\_\_\_

Horse Power Rating of Motor: Casing only

Setting Depth: \_\_\_\_\_ feet

Number of Stages: \_\_\_\_\_

### Pump Test Data

Date Well Tested: \_\_\_\_\_

Static Water Level (A): \_\_\_\_\_ Feet Below Land Surface

Pumping Water Level (B): \_\_\_\_\_ Feet Below Land Surface

Drawdown [(B) - (A)]: \_\_\_\_\_ Feet Below Land Surface

Test Pumping Rate: \_\_\_\_\_ Gallons Per Minute

Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

### Method of Measuring Water Level Circle one

Air Line Electric Measuring Line Steel Tape  
 Other (specify): \_\_\_\_\_

For flowing well, measured shut in head: \_\_\_\_\_ feet

Well yielded \_\_\_\_\_ GPM with a drawdown of  
 \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

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

JAMES WELLS 0-586  
 Print Name of Pump Installer and License No. (if applicable)

James Wells  
 Signature of Pump Installer

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MAY 2007

H-38 LWR