

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 #: Q-30
 L. S. Elevation: _____
 E-log #: _____

County: Copiah
 Permit #: _____
 Driller: JAMES WELLS
 Date drilling completed: 12-20-06

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	Well Location
Owner Name: <u>Joseph Pham</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>9163 Monticello Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Hazelhurst MS 39083</u> City State Zip Code	<u>1/4 1/4 Sec 30 Twn 10N Rng 119E</u>
Telephone No. <u>(601) 894-5754</u>	Distance Direction Nearest Town <u>9 Miles SE of Hazelhurst</u>

Well Data

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

Date well drilling started: 12-20-06 Date well drilling completed: 12-20-06

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

Static Water Level: 40 feet above or below (circle one) land surface Date measured: 12-20-06

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

Hole depth: 320 Well depth: 320 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 290 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .008 inches Setting depth: From 290 feet to 320 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

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Q-30

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
clay	0	80
sand	80	95
clay	95	240
sand	240	320

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: Joseph Pham

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 #: Q-30

Elevation: _____

County: Copiah
Permit #: _____
Driller: JAMES WELLS
Date completed: 12-20-06

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: Joseph Pham
Mailing Address: 9163 Monticello Rd.
Hazelhurst MS 39083
City State Zip Code
Telephone No. (601) 894-5754

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 30 Twn 10N Rng 4W
Distance Direction Nearest Town
9 Miles SE of Hazelhurst

Pump Type Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify): _____
Date Pump Installed: 12-20-06
Rated Pump Capacity: 50 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: 5
Setting Depth: 140 feet
Number of Stages: 13

Pump Test Data

Date Well Tested: 12-20-06
Static Water Level (A): 40 Feet Below Land Surface
Pumping Water Level (B): 140 Feet Below Land Surface
Drawdown [(B) - (A)]: 55 Feet Below Land Surface
Test Pumping Rate: 80 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): 4 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 80 GPM with a drawdown of
15 feet after 4 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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