

# 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 #: R-34  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Copiah 029  
Permit #: \_\_\_\_\_  
Driller: JAMES Wells  
Date drilling completed: 8-13-04

*James Wells Water Well Service*

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>Willie Earl Young</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1116 Mallard Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Georgetown MS 39078</u>	<u>N 1/4 SW 1/4 Sec 4 Twn 10N Rng 10E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 858-2415</u>	<u>3 Miles West of Georgetown</u>

### Well Data

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

Date well drilling started: 8-13-04 Date well drilling completed: 8-13-04

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

Static Water Level: 40 feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Hole depth: 95 Well depth: 95 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 75 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 80 feet to 100 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 Water Well Ser. 0-586

Print Name of Water Well Contractor and License No.

James Wells

Signature of Water Well Contractor

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BY: OLWR

R-34

If well telescopes please sketch below and show depths.

Ground Level

Blank area for sketching well telescopes and depths.

Description of Formations Encountered

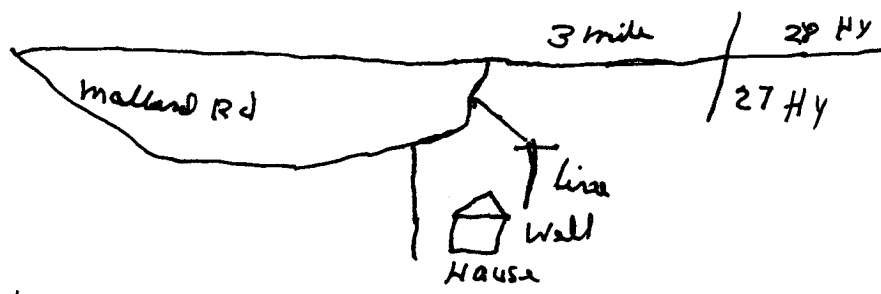
From To

Description of Formations Encountered	From	To
Top Soil	0	2
Clay	2	20
Sand	20	95

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.

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Landowner Name: Willie Frank Young

James Wells  
Signature of Water Well Contractor

# 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 #: R-34  
 Elevation: \_\_\_\_\_

County: Copiah  
 Permit #: \_\_\_\_\_  
 Driller: JAMES Wells  
 Date completed: 8-13-04

**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>Willie Earl Young</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1116 Mallard Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Georgetown MS 39078</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City                      State                      Zip Code	<u>W 1/4 SW 1/4 Sec 4 Twn 10 Rng 10</u>
Telephone No. (____) _____	Distance                      Direction                      Nearest Town
	<u>3 Miles West of Georse Town</u>

Pump Type Circle one	Power Type 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>1 HP</u>
Date Pump Installed: <u>8-13-04</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Number of Stages: <u>14</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line                      Electric Measuring Line                      Steel Tape
Static Water Level (A): <u>50</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>80</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>40</u> Feet Below Land Surface	Well yielded <u>15</u> GPM with a drawdown of
Test Pumping Rate: _____ 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	

BY: OLWR

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

JAMES Wells Water Well Ser 0-586                      James Wells  
 Print Name of Pump Installer and License No. (if applicable)                      Signature of Pump Installer