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# 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 #: F-42  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Covington 031  
Permit #: \_\_\_\_\_  
Driller: James Wells  
Date drilling completed: 9-2-04

### 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>Doug Rogan</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 1805</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Collins</u> <u>MS</u> <u>39428</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>W 1/4 N 1/4 Sec 31 T16R16W T8N</u>
Telephone No. <u>(601) 765-2983</u>	Distance Direction Nearest Town
	<u>5</u> Miles <u>West</u> of <u>Collins</u>

**Well Data**

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

Date well drilling started: 9-2-04 Date well drilling completed: 9-2-04

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

Static Water Level: 70 feet above or below (circle one) land surface Date measured: 9-2-04

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

Hole depth: 130 Well depth: 130 Well grouted to a depth of 10

Type of grout (circle one): Cement Bentonite Mix

Casing length: 110 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 \_\_\_\_\_ feet to \_\_\_\_\_ 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): \_\_\_\_\_

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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 0586  
Print Name of Water Well Contractor and License No.

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 #: F-42

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

County: C. Orlington  
 Permit #: \_\_\_\_\_  
 Driller: James Wells  
 Date completed: 9-2-04

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>Doug Rogers</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 1805</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Collins MS 39428</u>	<u>W 1/4 N 1/4 Sec 31 Twn 16 N Rng 8 W</u>
City                      State                      Zip Code	Distance                      Direction                      Nearest Town
Telephone No. <u>(601) 765-2983</u>	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift                      Jet <u>Submersible</u>	Diesel Engine                      Gasoline Engine                      Natural Gas
Bucket                      Piston                      Turbine	Electric Motor                      Hand                      Tractor PTO
Centrifugal                      Rotary                      Flowing Well	Windmill                      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>9-2-04</u>	Setting Depth: _____ feet
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Number of Stages: _____

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line                      Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>100</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>70</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>100</u> Feet Below Land Surface	Well yielded <u>15</u> GPM with a drawdown of _____ feet after <u>5</u> hours of pumping
Test Pumping Rate: <u>15</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>5</u> hours	

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

JAMES WELLS 0586                      James Wells  
 Print Name of Pump Installer and License No. (if applicable)                      Signature of Pump Installer