

# State Well Report

## Part I

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 #: G-64  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Covington  
Permit #: \_\_\_\_\_  
Driller: JAMES WELLS  
Date drilling completed: 4-8-08

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>Rudolph Wade</u>  | Latitude: _____ Longitude: _____  |
| Mailing Address: <u>270 Troy Wade Rd</u><br><u>Collins MS 39428</u>  | Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey,<br><input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____   | <u>1/4</u> <u>1/4</u> Sec <u>15</u> Twn <u>8N</u> Rng <u>15W</u>  |
| Telephone No. <u>(601) 641 0571</u>  | Distance <u>4</u> Miles Direction <u>EAST</u> of Nearest Town <u>Collins</u>  |
| Well Data  |   |
| Purpose of Well (circle one) Home <input type="checkbox"/> <u>Industrial</u> <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> Other: _____  |   |
| Date well drilling started: <u>4-8-08</u> Date well drilling completed: <u>4-8-08</u>  |   |
| If flowing, method of flow regulation: Valve _____ Other (describe) _____  |   |
| Static Water Level: <u>130</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>4-8-08</u>   |   |
| Method of Measurement (circle one) <input checked="" type="checkbox"/> <u>steel tape</u> <input type="checkbox"/> electric tape <input type="checkbox"/> air line other: _____   |   |
| Hole depth: <u>260</u> Well depth: <u>260</u> Well grouted to a depth of <u>10</u> feet  |   |
| Type of grout (circle one): <input checked="" type="checkbox"/> <u>Cement</u> <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix  |   |
| Casing length: <u>220</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>   |   |
| Screen length: <u>40</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>  |   |
| Screen slot size: <u>008</u> inches Setting depth: From <u>220</u> feet to <u>260</u> feet   |   |
| Type of completion (circle all applicable): <input checked="" type="checkbox"/> <u>Gravel packed</u> <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> 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): <input checked="" type="checkbox"/> <u>No log run</u> <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> 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>0-586</u>  | <u>James Wells</u><br>Signature of Water Well Contractor  |
| Print Name of Water Well Contractor and License No.  |   |

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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:

Acquifer: \_\_\_\_\_

Well #: G-64

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

County: Covington  
 Permit #: \_\_\_\_\_  
 Driller: JAMES WELLS  
 Date completed: 4-8-08

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>Rudolph Wade</u>                                     | Latitude: _____ Longitude: _____  |
| Mailing Address: <u>270 Troy Wade Rd</u><br><u>Collins MS 39428</u> | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS |
| City _____ State _____ Zip Code _____                               | <u>1/4</u> _____ <u>1/4</u> Sec. <u>15</u> Twn <u>8N</u> Rng <u>15W</u>                             |
| Telephone No. <u>(601) 6410571</u>                                  | Distance _____ Direction _____ Nearest Town _____<br><u>4</u> Miles <u>EAST</u> of <u>Collins</u>   |

| Pump Type<br>Circle one                           | Power Type<br>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>5</u>               |
| Date Pump Installed: <u>4-8-08</u>                | Setting Depth: <u>200</u> feet                      |
| Rated Pump Capacity: <u>60</u> Gallons Per Minute | Number of Stages: <u>13</u>                         |

| Pump Test Data  | Method of Measuring Water Level<br>Circle one           |
|---|---|
| Date Well Tested: <u>4-8-08</u>                             | Air Line      Electric Measuring Line <u>Steel Tape</u> |
| Static Water Level (A): <u>130</u> Feet Below Land Surface  | Other (specify): _____                                  |
| Pumping Water Level (B): <u>200</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet     |
| Drawdown (B)-(A): <u>130</u> Feet Below Land Surface        | Well yielded <u>60</u> GPM with a drawdown of           |
| Test Pumping Rate: <u>60</u> Gallons Per Minute             | <u>130</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 0-586  
 Print Name of Pump Installer and License No. (if applicable)

James Wells  
 Signature of Pump Installer

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 MAY 12 2008  
 BY: OLWR