

# 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 #: J-39  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Carver  
 Permit #: \_\_\_\_\_  
 Driller: JAMES WELLS  
 Date drilling completed: 11-2-05

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>Steve Sanford</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>33 Stevie Sanford Ln</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Collins</u> MS <u>39428</u>	<u>1/4</u> <u>1/4</u> Sec. <u>22</u> Twn <u>16N</u> Rng <u>15W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 722-3768</u>	<u>8</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: 11-2-05 Date well drilling completed: 11-2-05

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

Static Water Level: 50 feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Hole depth: 150 Well depth: 150 Well grouted to a depth of 10 feet

Type of grout (circle one):  Cement  Bentonite  Mix

Casing length: 120 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 126 feet to 150 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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 DEC 07 2005  
 BY: OLWR



# 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 #: J-39

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

County: Covington  
 Permit #: \_\_\_\_\_  
 Driller: JAMES WELLS  
 Date completed: 11-2-05

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>Steve Sanford</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>33 Stevie Sanford Ln.</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>Collins</u> MS <u>39428</u> City State Zip Code	USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>22</u> Twn <u>16W</u> Rng <u>7N</u>
Telephone No. <u>(601) 722 3768</u>	Distance Direction Nearest Town <u>8</u> Miles <u>West</u> of <u>Rollins</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> Bucket Piston <input type="radio"/> Turbine <input type="radio"/> Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> Other (specify): _____ Date Pump Installed: <u>11-2-05</u> Rated Pump Capacity: <u>50</u> Gallons Per Minute	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/> <del>Electric Motor</del> <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> Windmill <input type="radio"/> Other (specify): _____ Horse Power Rating of Motor: <u>5</u> Setting Depth: <u>100</u> feet Number of Stages: <u>13</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-02-05</u>	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> <u>Steel Tape</u>
Static Water Level (A): <u>50</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>100</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>50</u> Feet Below Land Surface	Well yielded <u>50</u> GPM with a drawdown of
Test Pumping Rate: <u>50</u> Gallons Per Minute	<u>50</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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 DEC 07 2005  
 BY: OLWR