

# 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 #: B-147  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Fulton  
Permit #: \_\_\_\_\_  
Driller: JAMES WELLS  
Date drilling completed: 7-26-07

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>Phillip Valentine</u>	Latitude: _____ Longitude: _____	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS		
Mailing Address: <u>607 Maxwell DR</u> <u>Hattiesburg, MS 39401</u>	USGS quad, Hand-held GPS, Survey-grade GPS	_____ 1/4 _____ 1/4 Sec. <u>28</u> Twn <u>5N</u> Rng <u>13W</u>		
City _____ State _____ Zip Code _____	Distance _____ Miles	Direction <u>North</u>	Nearest Town <u>Hattiesburg</u>	
Telephone No. <u>601 583-16263</u>				
Well Data				
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____				
Date well drilling started: <u>7-26-07</u>		Date well drilling completed: <u>7-26-07</u>		
If flowing, method of flow regulation: Valve _____ Other (describe) _____				
Static Water Level: <u>20</u> feet above or <u>below</u> (circle one) land surface		Date measured: <u>7-26-07</u>		
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____				
Hole depth: <u>60</u>	Well depth: <u>60</u>	Well grouted to a depth of <u>10</u> feet	RECEIVED AUG 09 2007 PVC OLWR	
Type of grout (circle one): <u>Cement</u> Bentonite Mix	Casing length: <u>40</u> feet	Casing diameter: <u>4</u> inches		Type of casing: <u>PVC</u>
Screen length: <u>26</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>40</u> feet to <u>60</u> feet			
Type of completion (circle all applicable): <u>Gravel packed</u> 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): <u>No log run</u> 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.				
<u>JAMES WELLS</u> <u>0-586</u>		<u>James Wells</u>		
Print Name of Water Well Contractor and License No.		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 #: B-147

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

County: Forest  
 Permit #: \_\_\_\_\_  
 Driller: JAMES WELLS  
 Date completed: 7-26-07

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>Phillip Valentine</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>607 Maxwell, RR</u> <u>Hattiesburg, MS 39401</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	<u>1/4</u> _____ <u>1/4</u> Sec <u>28</u> Twn <u>5N</u> Rng <u>13W</u>
Telephone No. <u>(601) 583-6263</u>	Distance _____ Direction _____ Nearest Town _____
	<u>3</u> Miles <u>north</u> of <u>Hattiesburg</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 1/2</u>
Date Pump Installed: <u>7-26-07</u>	Setting Depth: <u>40</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>11</u>

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BY: OLIVER

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-26-07</u>	Air Line      Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>20</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>40</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>20</u> Feet Below Land Surface	Well yielded <u>20</u> GPM with a drawdown of
Test Pumping Rate: <u>20</u> Gallons Per Minute	<u>20</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