

# 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 #: C-92  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Forrest  
Permit #: \_\_\_\_\_  
Driller: JAMES WELLS  
Date drilling completed: 4-11-07

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>Clayton Homes</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>196 Savannah St.</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>Petal</u> <u>MS</u> <u>39465</u>	<input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>30</u> Twn <u>5N</u> Rng <u>12W</u>
Telephone No. <u>606 264-5610</u>	Distance Direction Nearest Town
	<u>4</u> Miles <u>N</u> of <u>Petal</u>

**Well Data**

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

Date well drilling started: 4-11-07 Date well drilling completed: 4-11-07

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

Static Water Level: 40 feet above or  below (circle one) land surface Date measured: 4-11-07

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

Hole depth: 115 Well depth: 115 Well grouted to a depth of 10 feet

Type of grout (circle one):  Cement  Bentonite  Mix

Casing length: 105 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: 008 inches Setting depth: From 105 feet to 115 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 \_\_\_\_\_ James Wells  
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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C-92

If well telescopes please sketch below and show depths.

Ground Level

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Description of Formations Encountered	From	To
topsoil	0	3
clay	3	10
sand	40	50
clay	50	65
sand	65	115

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.

Landowner Name: Clayton Holmes

James Wells

Signature of Water Well Contractor

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 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 #: C-92

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

County: Forrest

Permit #: \_\_\_\_\_

Driller: JAMES WELLS

Date completed: 4-11-07

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

Owner Name: Clayton Home

Mailing Address: 1916 Savannah St.

Petal MS 39465  
City State Zip Code

Telephone No. (601) 264-5610

### Well Location

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Method of Lat/Long (circle one): Conventional Survey,

USGS quad, Hand-held GPS, Survey-grade GPS

1/4 1/4 Sec 30 Twn 5N Rng 12W

Distance Direction Nearest Town

4 Miles N of Petal

### Pump Type Circle one

Air Lift

Jet

Submersible

Bucket

Piston

Turbine

Centrifugal

Rotary

Flowing Well

Other (specify): \_\_\_\_\_

Date Pump Installed: 4-11-07

Rated Pump Capacity: \_\_\_\_\_ Gallons Per Minute

### Power Type Circle one

Diesel Engine

Gasoline Engine

Natural Gas

Electric Motor

Hand

Tractor PTO

Windmill

Other (specify): \_\_\_\_\_

Horse Power Rating of Motor: 1

Setting Depth: \_\_\_\_\_ feet

Number of Stages: 2

### Pump Test Data

Date Well Tested: 4-11-07

Static Water Level (A): 40 Feet Below Land Surface

Pumping Water Level (B): 60 Feet Below Land Surface

Drawdown [(B) - (A)]: \_\_\_\_\_ Feet Below Land Surface

Test Pumping Rate: 8 Gallons Per Minute

Duration of Pump Test (minimum 4 hours): 4 hours

### Method of Measuring Water Level Circle one

Air Line

Electric Measuring Line

Steel Tape

Other (specify): \_\_\_\_\_

For flowing well, measured shut in head: \_\_\_\_\_ feet

Well yielded 8 GPM with a drawdown of

\_\_\_\_\_ feet after 4 hours of pumping

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 09 2007

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