

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 #: H-46
 L. S. Elevation: _____
 E-log #: _____

County: Forrest 035
 Permit #: _____
 Driller: James Wells Inc
 Date drilling completed: 9-14-04

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>Daryl Boone</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 18144</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Hattiesburg</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>MS 39404</u>	<u>N 1/4 W 1/4 Sec 24 T 15N R 2E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 270-5026</u>	<u>8 Miles South of Hattiesburg</u>

Well Data

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

Date well drilling started: 9-14-04 Date well drilling completed: 9-14-04

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

Static Water Level: 220 feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 390 Well depth: 390 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 360 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 360 feet to 390 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): _____

RECEIVED
 OCT 07 2004
 BY: OLWR

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 James Wells
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

H-46

Ground Level

Description of Formations Encountered	From	To
Top Soil	0	2
Sand	2	8
Clay	8	280
fine Sand	200	280
clay	280	310
Sand	310	796

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.

RECEIVED
OCT 07 2004
BY: OLWR

Landowner Name: Darryl Bone

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 #: 17-46

Elevation: _____

County: Forrest
 Permit #: _____
 Driller: James Wells Inc
 Date completed: 9-14-04

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>Daryl Boone</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 18144</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Hattiesburg MS 39404</u> City State Zip Code	<u>N 1/4 W 1/4 Sec 24 Twn 13W Rng 2N</u>
Telephone No. <u>(601) 270 5626</u>	Distance Direction Nearest Town <u>8 Miles South of Hattiesburg</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> <input checked="" type="radio"/> 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: _____	Setting Depth: <u>260</u> feet
Rated Pump Capacity: <u>25</u> Gallons Per Minute	Number of Stages: <u>10</u>

RECEIVED
 OCT 07 2004
 BY: OLWR

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-14-04</u>	Air Line Electric Measuring Line <u>Steel Tape</u> <input checked="" type="radio"/>
Static Water Level (A): <u>220</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>260</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>220</u> Feet Below Land Surface	Well yielded <u>25</u> GPM with a drawdown of _____ feet after <u>4</u> hours of pumping
Test Pumping Rate: <u>25</u> Gallons Per Minute	
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 0586 James Wells
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer