

# 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 #: D-25  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Franklin  
Permit #: \_\_\_\_\_  
Driller: JAMES WELLS  
Date drilling completed: 2-20-07

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>Jack Mendheim</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>5653 New Hope Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
#1 <u>Meadville MS 39653</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec. <u>20</u> Twn <u>7N</u> Rng <u>4E</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>1 1/2</u> Miles <u>NE</u> of <u>Bude</u>

**Well Data**

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

Date well drilling started: 2-20-07 Date well drilling completed: 2-20-07

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

Static Water Level: 90 feet above or below (circle one) land surface Date measured: 2-20-07

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

Hole depth: 130 Well depth: 130 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 100 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 100 feet to 130 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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D-25

If well telescopes please sketch below and show depths.

Ground Level

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Description of Formations Encountered

From To

Description of Formations Encountered	From	To
clay	0	25
sand & gravel	25	130

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: Jack Mendheim

James Wells  
 Signature of Water Well Contractor

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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:

Aquifer: \_\_\_\_\_  
 Well #: D-25  
 Elevation: \_\_\_\_\_

County: Franklin  
 Permit #: \_\_\_\_\_  
 Driller: JAMES WELLS  
 Date completed: 2-20-07

**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>Jack Mendheim</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>5653 New Hope Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Meadville MS 39653</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>20</u> Twn <u>7N</u> Rng <u>4E</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>16</u> Miles <u>NE</u> of <u>Bude</u>

Pump Type Circle one	Power Type Circle one
Air Lift     Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine     Gasoline Engine     Natural Gas
Bucket     Piston     Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand     Tractor PTO
Centrifugal     Rotary     Flowing Well	Windmill     Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2</u>
Date Pump Installed: <u>2-20-07</u>	Setting Depth: <u>125</u> feet
Rated Pump Capacity: <u>35</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-20-07</u>	Air Line     Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u>
Static Water Level (A): <u>90</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>125</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>95</u> Feet Below Land Surface	Well yielded <u>40</u> GPM with a drawdown of
Test Pumping Rate: <u>40</u> Gallons Per Minute	<u>5</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     James Wells  
 Print Name of Pump Installer and License No. (if applicable)     Signature of Pump Installer

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 MAR 12 2007  
 BY: OLWR