

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 #: F-67
L. S. Elevation: _____
E-log #: _____

County: Jeff Davis
Permit #: _____
Driller: JAMES WELLS
Date drilling completed: 6-7-06

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>Armando White</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>241 Wallmes Hill Rd</u> <u>Sumrall MS 39482</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>31</u> Twn <u>18W</u> Rng <u>7N</u>
Telephone No. (<u>601</u>) <u>543 8260</u>	Distance: <u>6</u> Miles Direction: <u>SE</u> of Nearest Town: <u>Prentiss</u>

Well Data

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

Date well drilling started: 6-7-06 Date well drilling completed: 6-7-06

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

Static Water Level: 50 feet above or below (circle one) land surface Date measured: 6-7-06

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

Hole depth: 80 Well depth: 80 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 008 inches Setting depth: From 60 feet to 80 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

RECEIVED
JUL 10 2006
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 #: F-67

Elevation: _____

County: Jeff Davis

Permit #: _____

Driller: JAMES WELLS

Date completed: 6-7-06

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: Amanda White

Mailing Address: 241 Wallnes Hill Rd
Summit MS 39482

City

State

Zip Code

Telephone No. (601) 543 8260

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 31 Twn 18W Rng 7N

Distance

Direction

Nearest Town

6 Miles

SE of

Prentiss

Pump Type Circle one

Air Lift

Jet

Submersible

Bucket

Piston

Turbine

Centrifugal

Rotary

Flowing Well

Other (specify): _____

Date Pump Installed: 6-7-06

Rated Pump Capacity: 15 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: 6-7-06 feet

Number of Stages: 14

Pump Test Data

Date Well Tested: 6-7-06

Static Water Level (A): 50 Feet Below Land Surface

Pumping Water Level (B): 70 Feet Below Land Surface

Drawdown [(B) - (A)]: 50 Feet Below Land Surface

Test Pumping Rate: 15 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 15 GPM with a drawdown of

50 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

RECEIVED

JUL 10 2006

BY: OLWR