

# 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 #: F-73  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jeff Davis  
Permit #: \_\_\_\_\_  
Driller: JAMES WELLS  
Date drilling completed: 3-27-08

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>Allen R Heymes</u>	Latitude: _____° _____' _____" Longitude: _____° _____' _____"	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	
Mailing Address: <u>P.O. Box 2130</u> <u>Prentiss MS</u>	_____ 1/4 _____ 1/4 Sec <u>29</u> Twn <u>74</u> Rng <u>18W</u>	Distance _____ Miles Direction <u>EAST</u> of Nearest Town <u>Prentiss</u>	
City _____ State _____ Zip Code <u>39474</u>	Well Data		
Telephone No. <u>601, 214 1299</u>	Purpose of Well (circle one) Home <u>Industrial</u> Public Supply Irrigation Fish Culture Other: _____		
	Date well drilling started: <u>3-27-08</u> Date well drilling completed: <u>3-27-08</u>		
	If flowing, method of flow regulation: Valve _____ Other (describe) _____		
	Static Water Level: <u>165</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>3-27-08</u>		
	Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____		
	Hole depth: <u>250</u> Well depth: <u>256</u> Well grouted to a depth of <u>10</u> feet		
	Type of grout (circle one): <u>Cement</u> Bentonite Mix		
	Casing length: <u>210</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>		
	Screen length: <u>40</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>210</u> feet to <u>250</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> Signature of Water Well Contractor		
Print Name of Water Well Contractor and License No.			

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F-73

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Top Sand	0	2
Clay	2	40
Sand	40	70
Clay	70	160
Red Sand	160	250

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: Allen Hayens

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 #: F-73

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

County: Jeff Davis

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

Driller: JAMES WELLS

Date completed: 3-27-08

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>Allen Haynes</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 2130</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>Prentiss MS</u>	<input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>39474</u>	<u>1/4</u> <u>1/4</u> Sec. <u>29</u> Twn <u>77</u> Rng <u>18W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. <u>(601) 214-1299</u>	<u>6</u> Miles <u>EAST</u> of <u>Prentiss MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>3-27-08</u>	Setting Depth: <u>205</u> feet
Rated Pump Capacity: <u>60</u> Gallons Per Minute	Number of Stages: <u>13</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-27-08</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u>
Static Water Level (A): <u>165</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>205</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B)-(A)]: <u>165</u> Feet Below Land Surface	Well yielded <u>60</u> GPM with a drawdown of
Test Pumping Rate: <u>60</u> Gallons Per Minute	<u>165</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

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