

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 #: G-40 65
L. S. Elevation: _____
E-log #: _____

County: Jeff Davis
Permit #: _____
Driller: James Wells
Date drilling completed: 11-5-04

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>Donny Mitchell</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>305 Frankgate Dr. Brandon MS 39042</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____ | <u>W</u> 1/4 <u>N</u> 1/4 Sec <u>30</u> Twn <u>7N</u> Rng <u>17W</u> |
| Telephone No. <u>(601) 825-7728</u> | Distance: <u>3</u> Miles Direction: <u>North</u> of Nearest Town: <u>Passfield</u> |

Well Data

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

Date well drilling started: 11-5-04 Date well drilling completed: 11-5-04

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

Static Water Level: 75 feet above or below (circle one) land surface Date measured: 11-5-04

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

Hole depth: 140 Well depth: 140 Well grouted to a depth of 10 feet

Type of grout (circle one) Cement Bentonite Mix

Casing length: 120 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 0.08 inches Setting depth: From 120 feet to 140 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 586 James Wells
Print Name of Water Well Contractor and License No. 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 #: G-40 65

Elevation: _____

County: Jeff Davis
 Permit #: _____
 Driller: James Wells
 Date completed: 11-5-04

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>Danny Mitchell</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>305 Thurgate Dr.</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>Brandon MS</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | <u>N 1/4 N 1/4 Sec 21 Twn 34 Rng 7E</u> |
| Telephone No. () _____ | Distance Direction Nearest Town |
| | <u>3 Miles North of Boesfield</u> |

| Pump Type Circle one | Power Type Circle one |
|---|---|
| Air Lift Jet <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine | <u>Electric Motor</u> Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: _____ |
| Date Pump Installed: <u>11-5-04</u> | Setting Depth: <u>100</u> feet |
| Rated Pump Capacity: <u>30</u> Gallons Per Minute | Number of Stages: <u>11</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|---|
| Date Well Tested: _____ | Air Line Electric Measuring Line <u>Steel Tape</u> |
| Static Water Level (A): <u>70</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>100</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>70</u> Feet Below Land Surface | Well yielded <u>30</u> GPM with a drawdown of |
| Test Pumping Rate: <u>30</u> Gallons Per Minute | <u>70</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 James Wells
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
 DEC 06 2004
 BY: OLWR