County: Jones

Permit #:

Driller: JAMES Wells

Date drilling completed: 4-6-05

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 #: J-101

L. S. Elevation:

E-log #:

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

Owner Name: Kevin Jackson

Mailing Address: 38 Page dr.

Mossell, MS 39459

City State Zip Code

Telephone No. (601) 649-6644

Well Location

Latitude: ° ' " Longitude: ° ' "

Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS

¼ ¼ Sec 34 Twn ~~13 N~~ 12 N Rng ~~7 W~~ 13 W

Distance 4 Miles Direction North of Nearest Town Mossell

Well Data

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

Date well drilling started: 4-6-05 Date well drilling completed: 4-6-05

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

Static Water Level: 60 feet above or (below) (circle one) land surface Date measured:

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

Hole depth: ~~220~~ 210 Well depth: 210 Well grouted to a depth of 10 feet

Type of grout (circle one): (Cement) Bentonite Mix

Casing length: 190 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 190 feet to 210 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.

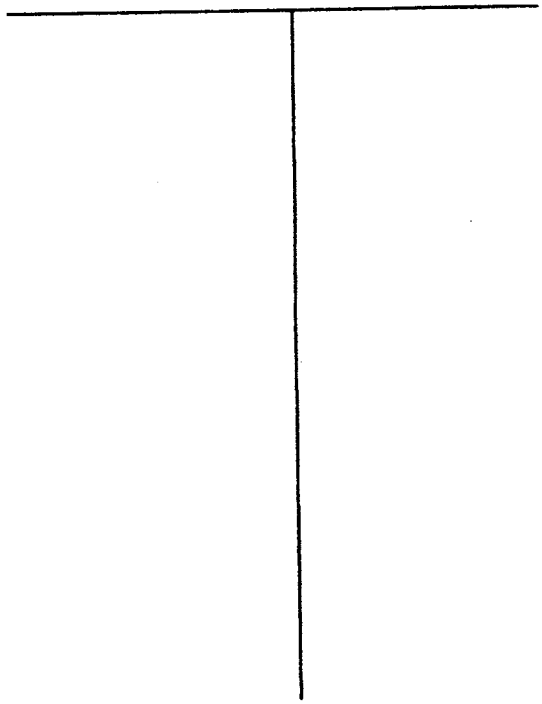
James Wells

Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

J-101

Ground Level



Description of Formations Encountered	From	To
Clay	0	10
Sand	10	25
Clay	25	150
Sand	150	210

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: Kevin JACKSON

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)

County: Jones
Permit #:
Driller: James Wells
Date completed: 4-6-05

For Office Use Only:
Aquifer:
Well #: J-101
Elevation:

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: Kevin Jackson
Mailing Address: 38 Page DR.
Mossell, MS 39459
City State Zip Code
Telephone No. (601) 649-6644

Well Location

Latitude: _____ Longitude: _____
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
_____ ¼ _____ ¼ Sec 34 Twn 13N Rng 7W
Distance Direction Nearest Town
4 Miles north of Mossell

Pump Type
Circle one

Air Lift | Jet | (Submersible)
Bucket | Piston | Turbine
Centrifugal | Rotary | Flowing Well
Other (specify): _____
Date Pump Installed: 4-6-05
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: 100 feet
Number of Stages: 11

Pump Test Data

Date Well Tested: _____
Static Water Level (A): 50 Feet Below Land Surface
Pumping Water Level (B): 100 Feet Below Land Surface
Drawdown [(B) – (A)]: 50 Feet Below Land Surface
Test Pumping Rate: _____ 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