

# 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-103  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jones  
Permit #: \_\_\_\_\_  
Driller: JAMES WELLS  
Date drilling completed: 6-20-05

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>Savelle Rawls</u>	Latitude: _____ Longitude: _____	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	
Mailing Address: <u>35 Page DR</u> <u>Mosselle, MS 39495</u>	_____ 1/4 _____ 1/4 Sec <u>27</u> Twn <u>13W</u> Rng <u>7N</u>	Distance _____ Miles Direction _____ of Nearest Town <u>Mosselle</u>	
City _____ State _____ Zip Code _____	Telephone No. <u>(601) 580-9016</u>		
Well Data			
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____			
Date well drilling started: <u>6-20-05</u> Date well drilling completed: _____			
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>120</u> feet above or below (circle one) land surface Date measured: <u>6-20-05</u>			
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____			
Hole depth: <u>230</u> Well depth: <u>230</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>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>			
Screen slot size: <u>608</u> inches Setting depth: From <u>210</u> feet to <u>230</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.			
Print Name of Water Well Contractor and License No. <u>JAMES WELLS 0-586</u>		Signature of Water Well Contractor <u>James Wells</u>	

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If well telescopes please sketch below and show depths.

J-103

Ground Level

Blank area for sketching well telescopes and depths, with a horizontal line at the top labeled "Ground Level".

Description of Formations Encountered

From To

Description of Formations Encountered	From	To
Top Sand	0	2
Sand	2	30
Clay	30	120

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: Gavelle Rawls

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 #: J-103

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

County: Jones

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

Driller: JAMES WELLS

Date completed: 6-20-05

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>Gavelle Rawls</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>35 Page DR</u> <u>Moselle, MS 39495</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>27</u> Twn <u>13W</u> Rng <u>7N</u>
Telephone No. <u>(601) 580-9016</u>	Distance _____ Direction _____ Nearest Town _____ <u>4</u> Miles <u>north</u> of <u>Moselle</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: <u>1</u>
Date Pump Installed: <u>6-20-05</u>	Setting Depth: <u>156</u> feet
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-20-05</u>	Air Line      Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>120</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>150</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>120</u> Feet Below Land Surface	Well yielded <u>15</u> GPM with a drawdown of
Test Pumping Rate: <u>15</u> Gallons Per Minute	<u>120</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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