

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-118
L. S. Elevation: _____
E-log #: _____

County: Jones
Permit #: _____
Driller: JAMES WELLS
Date drilling completed: 11-24-06

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>Nancy Jeff</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>50 Tranquility Lane</u> <u>Mobile MS 39459</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>28</u> Twn <u>7N</u> Rng <u>13W</u>
Telephone No. <u>(228) 938 4869</u>	Distance: <u>4</u> Miles Direction: <u>NW</u> of Nearest Town: <u>Mobile</u>

Well Data

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

Date well drilling started: 11-24-06 Date well drilling completed: 11-24-06

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

Static Water Level: 40 feet above or below (circle one) land surface Date measured: 11-24-06

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

Hole depth: 145 Well depth: 145 Well grouted to a depth of 10

Type of grout (circle one): Cement Bentonite Mix

Casing length: 125 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 125 feet to 145 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): _____

RECEIVED
DEC 11 2006
BY: OLWR

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

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-118

Elevation: _____

County: Jones

Permit #: _____

Driller: JAMES WELLS

Date completed: 11-24-06

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: Harry Jeff

Mailing Address: 50 Tranquility Lane
Moelle MS 39459

City State Zip Code

Telephone No. (228) 938 4869

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. 28 Twn 7N Rng 13W

Distance Direction Nearest Town

4 Miles NW of Moelle

Pump Type Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 11-24-06

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: 80

Number of Stages: 14

RECEIVED

DEC 11 2006

BY: OLWR

Pump Test Data

Date Well Tested: 11-24-06

Static Water Level (A): 40 Feet Below Land Surface

Pumping Water Level (B): 80 Feet Below Land Surface

Drawdown [(B) - (A)]: 40 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

40 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