

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 #: J-125  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jone  
Permit #: \_\_\_\_\_  
Driller: JAMES WELLS  
Date drilling completed: 5-12-07

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>HOMES FOR LESS</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>GREG EMGAL</u> <u>154 SHELOH CHURCH RD.</u> <u>MOSELLE MS 39459</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. ( ) <u>264-4898</u>	Distance Direction Nearest Town <u>1</u> Miles <u>North</u> of <u>Mosselle MS</u>

Well Data

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

Date well drilling started: 4-12-07 Date well drilling completed: 4-12-07

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

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 4-12-07

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

Hole depth: 130 Well depth: 130 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 110 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 110 feet to 130 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

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MAY 8 2007  
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 #: J-125

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

County: Jone  
 Permit #: \_\_\_\_\_  
 Driller: JAMES WELLS  
 Date completed: 5-12-07

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>HOMES FOR LESS</u> Mailing Address: <u>GREG EMGAL</u> <u>154 SHELTON CHURCH RD</u> <u>MOSELLE MS. 39459</u> City State Zip Code Telephone No. ( ) <u>264-4898</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <input checked="" type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>35</u> Twn <u>7N</u> Rng <u>13W</u> Distance Direction Nearest Town <u>1</u> Miles <u>North</u> of <u>MOSELLE MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> <u>Submersible</u> Bucket <input type="radio"/> Piston <input type="radio"/> Turbine Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well Other (specify): _____ Date Pump Installed: <u>4-12-07</u> Rated Pump Capacity: <u>15</u> Gallons Per Minute	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/> <input checked="" type="radio"/> <u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO Windmill <input type="radio"/> Other (specify): _____ Horse Power Rating of Motor: <u>1</u> Setting Depth: <u>110</u> feet Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-12-07</u> Static Water Level (A): <u>80</u> Feet Below Land Surface Pumping Water Level (B): <u>110</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>80</u> Feet Below Land Surface Test Pumping Rate: <u>15</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> <input checked="" type="radio"/> <u>Steel Tape</u> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>15</u> GPM with a drawdown of <u>80</u> feet after <u>4</u> hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

JAMES WELLS 0-586      James Wells  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

RECEIVED  
 JUN 8 2007  
 DLWR