

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 #: N-94
L. S. Elevation: _____
E-log #: _____

County: Jones
Permit #: _____
Driller: JAMES WELLS
Date drilling completed: 11-2-06

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>Frederick Homes #614</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>7495 Hwy 49N</u> <u>Nattiburg MS 39402</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>6N</u> Rng <u>13W</u>
Telephone No. <u>(601) 271-7355</u>	Distance _____ Direction _____ Nearest Town _____ <u>3</u> Miles <u>NW</u> of <u>Mobile ms</u>
Well Data	
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____	
Date well drilling started: <u>11-2-06</u> Date well drilling completed: <u>11-2-06</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>60</u> feet above or below (circle one) land surface Date measured: <u>11-2-06</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Hole depth: <u>240</u> Well depth: <u>240</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix	
Casing length: <u>220</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>008</u> inches	Setting depth: From <u>220</u> feet to <u>240</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.	
<u>JAMES WELLS</u> <u>0-586</u>	<u>James Wells</u>
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

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N-94

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[illegible]

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.

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Landowner Name: Freedom Homes #614

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 #: N-94

Elevation: _____

County: Jones

Permit #: _____

Driller: JAMES WELLS

Date completed: 11-2-06

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: Freedom Homes #614
Mailing Address: 7495 N 149 N
Nattiesburg MS 39402
City: _____ State: _____ Zip Code: _____
Telephone No. 601, 271 7355

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 27 Twn 6N Rng 13W
Distance: _____ Direction: _____ Nearest Town: _____
3 Miles North of Mobile

Pump Type Circle one

Air Lift _____ Jet _____ Submersible
Bucket _____ Piston _____ Turbine _____
Centrifugal _____ Rotary _____ Flowing Well _____
Other (specify): _____

Date Pump Installed: 11-2-06

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: 100

Number of Stages: 14

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Pump Test Data

Date Well Tested: 11-2-06
Static Water Level (A): 60 Feet Below Land Surface
Pumping Water Level (B): 100 Feet Below Land Surface
Drawdown [(B) - (A)]: 60 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 60 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