

# 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 #: A-158  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: LUMBER  
Permit #: \_\_\_\_\_  
Driller: JAMES WELLS  
Date drilling completed: 10-11-06

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>Charles Rymer</u>	Latitude: _____ " Longitude: _____ "	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	
Mailing Address: <u>504 Mill Creek Loop</u> <u>Sumner MS 39482</u>	Distance: _____ Miles	Direction: <u>SW</u> of	Nearest Town: <u>Sumner</u>
City: _____ State: _____ Zip Code: _____	¼ _____ ¼ Sec. <u>26</u>	Twn <u>T5W</u> Rng <u>S11</u>	<u>S2</u> <u>T6W</u>
Telephone No. <u>(601) 758 4573</u>	Well Data		
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____	Date well drilling started: <u>10-11-06</u> Date well drilling completed: <u>10-11-06</u>		
If flowing, method of flow regulation: Valve _____ Other (describe) _____	Static Water Level: <u>35</u> feet above or below (circle one) land surface Date measured: <u>10-11-06</u>		
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	Hole depth: <u>95</u> Well depth: <u>95</u> Well grouted to a depth of <u>10</u> feet		
Type of grout (circle one): <u>Cement</u> Bentonite Mix	Casing length: <u>75</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>75</u> feet to <u>95</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> Signature of Water Well Contractor		
Print Name of Water Well Contractor and License No.			

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A-158

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Gravel	0	2
Clay	2	25
Sand	25	95

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: Charles Rymer

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 #: A-158  
 Elevation: \_\_\_\_\_

County: Lamar  
 Permit #: \_\_\_\_\_  
 Driller: JAMES WELLS  
 Date completed: 10-11-06

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	Well Location
Owner Name: <u>Charles Byner</u> Mailing Address: <u>504 Mill Creek Rd</u> <u>Sumner MS, 39482</u> City _____ State _____ Zip Code _____ Telephone No. <u>(601) 758-4573</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <input 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>26</u> Twn <u>T5N</u> Rng <u>S2W</u> Distance _____ Direction _____ Nearest Town <u>Sumner</u> <u>4</u> Miles <u>SW</u> of <u>Sumner</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet <u>Submersible</u> Bucket      Piston      Turbine Centrifugal      Rotary      Flowing Well Other (specify): _____ Date Pump Installed: <u>10-11-06</u> Rated Pump Capacity: _____ <u>15</u> Gallons Per Minute	Diesel Engine      Gasoline Engine      Natural Gas <u>Electric Motor</u> Hand      Tractor PTO Windmill      Other (specify): _____ Horse Power Rating of Motor: <u>1</u> Setting Depth: <u>80</u> feet Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-11-06</u> Static Water Level (A): <u>35</u> Feet Below Land Surface Pumping Water Level (B): <u>80</u> Feet Below Land Surface Drawdown [(B)-(A)]: <u>35</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      Electric Measuring Line      Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>15</u> GPM with a drawdown of <u>35</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

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