

# 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 #: B-81  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Lamar  
Permit #: \_\_\_\_\_  
Driller: James Wells  
Date drilling completed: 4-11-05

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>Lillie Graves</u>	Latitude: _____ Longitude: _____	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	
Mailing Address: <u>23 Spring Hill Rd</u> <u>Sumner MS 39482</u>	_____ 1/4 _____ 1/4 Sec. <u>11</u> Twn <u>T5N</u> Rng <u>S4</u> <u>5N</u> <u>15W</u>	Distance _____ Direction _____ Nearest Town _____ <u>2</u> Miles <u>West</u> of <u>Sumner</u>	
City _____ State _____ Zip Code _____	Well Data		
Telephone No. <u>(601) 758-0021</u>	Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____		
	Date well drilling started: <u>4-11-05</u> Date well drilling completed: <u>4-11-05</u>		
	If flowing, method of flow regulation: Valve _____ Other (describe) _____		
	Static Water Level: <u>130</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>4-11-05</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 0586</u>		<u>James WELLS</u>	
Print Name of Water Well Contractor and License No.		Signature of Water Well Contractor	

If well telescopes please sketch below and show depths.

B-80

Ground Level

Large empty rectangular area for sketching well telescopes and depths.

Description of Formations Encountered

	From	To
Top Sand	0	2
Red Clay	2	40
Clay	40	160
Sand	160	240

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: Lillie Graves

James Wells  
Signature of Water Well Contractor

RECEIVED  
NOV 11 1988  
BY [Signature]

# 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 #: B-81

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

County: Lamar  
 Permit #: \_\_\_\_\_  
 Driller: James Wells  
 Date completed: 4-11-05

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>Lillie Brown</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>23 Springhill Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Sunnyvale MS 39482</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	<u>1/4</u> <u>1/4</u> Sec <u>11</u> Twn <u>15W</u> Rng <u>5N</u>
Telephone No. <u>(601) 758-0021</u>	Distance _____ Direction _____ Nearest Town _____
	<u>2</u> Miles <u>West</u> of <u>Sunnyvale</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet <del>Submersible</del>	Diesel Engine      Gasoline Engine      Natural Gas
Bucket      Piston      Turbine	<del>Electric Motor</del> Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>4-11-05</u>	Setting Depth: <u>11</u> feet
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line      Electric Measuring Line <del>Steel Tape</del>
Static Water Level (A): <u>130</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>160</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>130</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>130</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