

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-82
L. S. Elevation: _____
E-log #: _____

County: LAMAR
Permit #: _____
Driller: James Wells
Date drilling completed: 7-12-05

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>Doris Clark</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1649 Hwy 42</u> <u>Sumrall, MS 39482</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>9</u> Twn. <u>15W</u> Rng. <u>5N</u>
Telephone No. <u>(601) 758-4562</u>	Distance: <u>2</u> Miles Direction: <u>East</u> of Nearest Town: <u>Sumrall</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 7-12-05 Date well drilling completed: 7-12-05
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 50 feet above or below (circle one) land surface Date measured: 7-12-05
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 90 Well depth: 90 Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 80 feet Casing diameter: 2 inches Type of casing: PVC
Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC
Screen slot size: 008 inches Setting depth: From 80 feet to 90 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 0586 James Wells
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

B-82

Ground Level

Empty rectangular area for sketching well telescopes and depths.

Description of Formations Encountered	From	To
TOP Sand	0	2
Clay	2	30
Gravel	30	60
Sand	60	90

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: DORIS CLARK

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 #: B-82

Elevation: _____

County: Leflore
 Permit #: _____
 Driller: James Wells
 Date completed: 7-12-05

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>DORIS CLARK</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1649 Hwy 42</u> <u>Sumrall, MS 39482</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4 Sec <u>9</u> Twn <u>10^NW</u> Rng <u>5^N</u>
Telephone No. <u>(601) 758-4562</u>	Distance _____ Direction _____ Nearest Town _____ <u>2 Miles EAST of Sumrall</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<u>Electric Motor</u> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>12-12-05</u>	Setting Depth: _____ feet
Rated Pump Capacity: <u>7</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-12-05</u>	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>50</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>70</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded <u>7</u> GPM with a drawdown of
Test Pumping Rate: <u>7</u> Gallons Per Minute	<u>5</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 0586
 Print Name of Pump Installer and License No. (if applicable)

James WELLS
 Signature of Pump Installer

RECEIVED
 AUG 05 2005
 BY: OLWR