

# 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 #: C-113  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

73

County: Lamar  
 Permit #: \_\_\_\_\_  
 Driller: James Wells  
 Date drilling completed: 11-18-04

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>Gene Reeves</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>537 Parkway Way</u> <u>Madison MS 39110</u>	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
City: _____ State: _____ Zip Code: _____	<u>N</u> $\frac{1}{4}$ <u>W</u> $\frac{1}{4}$ Sec <u>24</u> Twn <u>9N</u> Rng <u>16W</u>
Telephone No. ( ) <u>209 9313</u>	Distance: <u>12</u> Miles Direction: <u>West</u> of Nearest Town: <u>Hattiesburg</u>

**Well Data**

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

Date well drilling started: 11-18-04 Date well drilling completed: 11-18-04

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

Static Water Level: 90 feet above or below (circle one) land surface Date measured: 11-18-04

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

Hole depth: 200 Well depth: 200 Well grouted to a depth of 10 feet

Type of grout (circle one)  Cement  Bentonite  Mix

Casing length: 180 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 180 feet to 200 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): \_\_\_\_\_

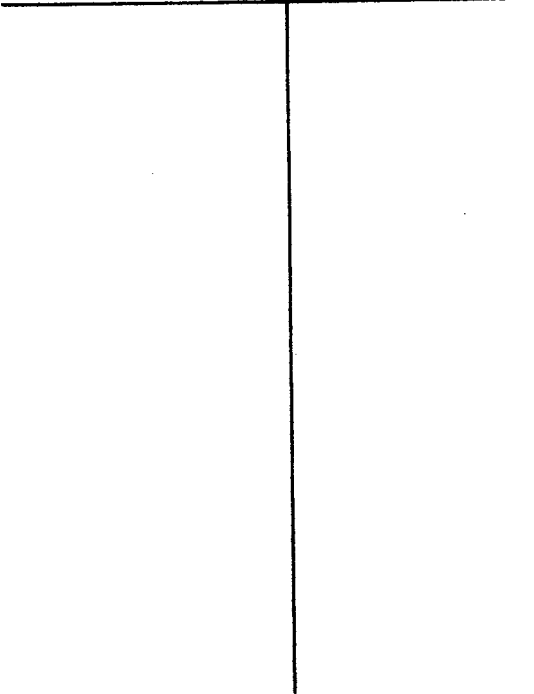
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

JAMES WELLS 0586 James Wells  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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 DEC 06 2004  
 BY: OLWR

If well telescopes please sketch below and show depths. <sup>73</sup>

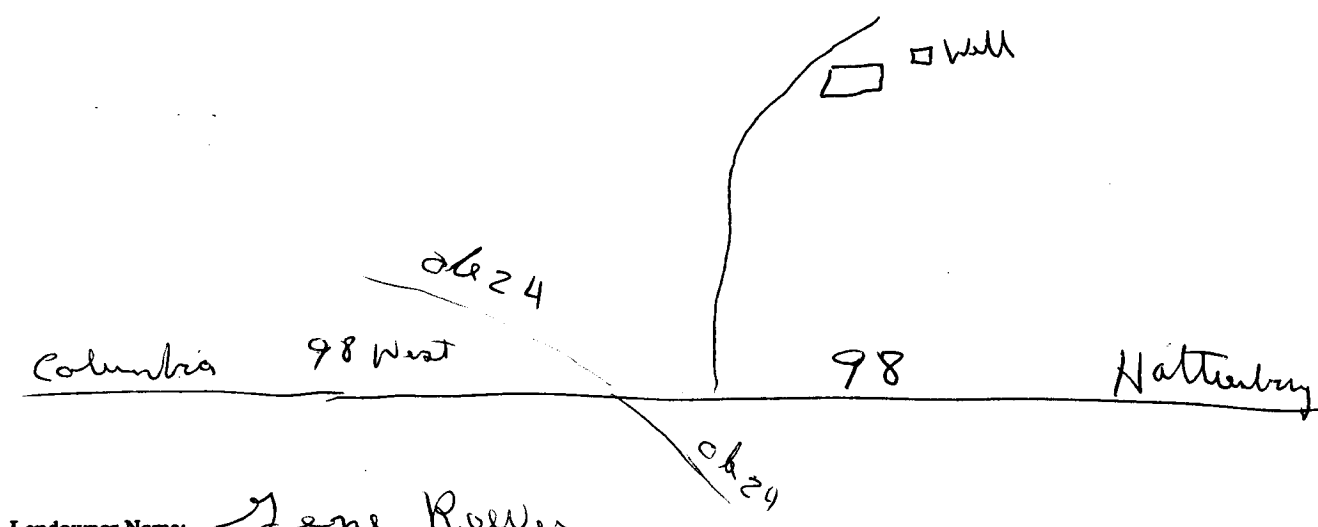
Ground Level C-113



Description of Formations Encountered	From	To
Top Soil	0	2
clay	2	20
Sand	20	50
clay	50	130
Sand	130	200

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: Gene Reeves

James Wells  
Signature of Water Well Contractor

REGISTERED  
LICENSED  
BY OLIVER

# 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 #: C-113 73

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

County: LAMAR  
 Permit #: \_\_\_\_\_  
 Driller: James Wells  
 Date completed: 11-18-04

**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>Dene Reeves</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>533 Pecan Way</u> <u>Madison MS 39110</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	<u>N</u> $\frac{1}{4}$ <u>W</u> $\frac{1}{4}$ Sec <u>24</u> Twn <u>16N</u> Rng <u>4W</u>
Telephone No. ( ) _____	Distance _____ Direction _____ Nearest Town _____ <u>12 Miles West of Hattiesburg MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift _____ Jet _____ <u>Submersible</u>	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Bucket _____ Piston _____ Turbine _____	<u>Electric Motor</u> _____ Hand _____ Tractor PTO _____
Centrifugal _____ Rotary _____ Flowing Well _____	Windmill _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2</u>
Date Pump Installed: <u>11-18-04</u>	Setting Depth: <u>160</u> feet
Rated Pump Capacity: <u>30</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-18-04</u>	Air Line _____ Electric Measuring Line _____ <u>Steel Tape</u>
Static Water Level (A): <u>100</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>160</u> Feet Below Land Surface	Well yielded <u>30</u> GPM with a drawdown of <u>160</u> feet after <u>4</u> hours of pumping
Test Pumping Rate: <u>30</u> Gallons Per Minute	
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 CS-86 James Wells  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 DEC 06 2004  
 BY: OLWR