

# State Well Report

## Part I

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-122  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: LAMAR  
Permit #: \_\_\_\_\_  
Driller: JAMES WELLS  
Date drilling completed: 3-24-06

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>Bucky Buehhalter</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>2477 Rocky Branch Rd</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>17</u> Twn <u>T6W</u> Rng <u>4N</u> <u>4N</u> <u>16W</u>
Telephone No. <u>(601) 296-4721</u>	Distance _____ Direction _____ Nearest Town _____ <u>8</u> Miles <u>SW</u> of <u>Sumrall ms</u>

### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_  
Date well drilling started: 3-24-06 Date well drilling completed: 3-24-06  
If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 25 feet above or below (circle one) land surface Date measured: 3-24-06  
Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
Hole depth: 60 Well depth: 60 Well grouted to a depth of 0 feet  
Type of grout (circle one): Cement Bentonite Mix  
Casing length: 50 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 50 feet to 60 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 0-586  
Print Name of Water Well Contractor and License No.

James Wells  
Signature of Water Well Contractor

Casing Only

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C-122

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Top 5' of	0	2
clay	2	10
Sand	10	66

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: Becky Butcher

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)

County: LAMAR  
 Permit #: \_\_\_\_\_  
 Driller: JAMES WELLS  
 Date completed: 3-24-06

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: C-122  
 Elevation: \_\_\_\_\_

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>Becky Buckwater</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>2477 Rocky Branch Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Sumner ms 39482</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4 Sec. <u>17</u> Twn <u>16N</u> Rng <u>4W</u>
Telephone No. <u>(601) 296-4721</u>	Distance _____ Direction _____ Nearest Town <u>4N 16W</u>
	_____ Miles _____ of _____

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

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>25</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

2 in - Casing Only

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 BY: OLWR