

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 #: D-170
L. S. Elevation: _____
E-log #: _____

County: Lamar
Permit #: _____
Driller: JAMES WELLS
Date drilling completed: 12-10-07

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>Joe Rhodes</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>24 Indago</u> <u>Hattiesburg MS</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: <u>39402</u>	_____ 1/4 _____ 1/4 Sec <u>3</u> Twn <u>4 N</u> Rng <u>15 W</u>
Telephone No.: <u>601, 297-1802</u>	Distance: <u>6</u> Miles Direction: <u>West</u> of Nearest Town: <u>Hattiesburg MS</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 12-10-07 Date well drilling completed: 12-10-07
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 30 feet above or below (circle one) land surface Date measured: 12-10-07
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 65 Well depth: 65 Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 45 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 _____ feet to _____ 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

RECEIVED
JAN 09 2008
BY: OLWR

D-170

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
72 sand	0	2
clay	2	25
sand	25	65

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: Joe R. ...

James Wells
Signature of Water Well Contractor

RECEIVED
JAN 09 2008
BY: OLWR

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 #: D-170

Elevation: _____

County: LAMAR
 Permit #: _____
 Driller: JAMES WELLS
 Date completed: 12-10-07

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>Joe Rhodes</u> Mailing Address: <u>24 Tindago</u> <u>Hattiesburg MS</u> <u>39402</u> City State Zip Code Telephone No. <u>(601) 297 1805</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <input checked="" type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS <u>1/4</u> <u>1/4</u> Sec <u>3</u> Twn <u>4N</u> Rng <u>15W</u> Distance Direction Nearest Town <u>6</u> Miles <u>West</u> of <u>Hattiesburg</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>12-10-07</u> Rated Pump Capacity: <u>15</u> Gallons Per Minute	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> <u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: <u>1</u> Setting Depth: <u>15</u> feet Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-10-07</u> Static Water Level (A): <u>30</u> Feet Below Land Surface Pumping Water Level (B): <u>50</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>30</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 <input type="checkbox"/> <u>Electric Measuring Line</u> <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>15</u> GPM with a drawdown of <u>30</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
 Print Name of Pump Installer and License No. (if applicable)

James Wells
 Signature of Pump Installer

RECEIVED
 JAN 09 2008
 BY: OLWR