

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 #: E-276
L. S. Elevation: _____
E-log #: _____

County: Lamar
Permit #: _____
Driller: JAMES WELLS
Date drilling completed: 1-12-07

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>Southeastern Concrete</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>2611 Lakeview Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
#2 <u>Hattiesburg MS 39401</u> City State Zip Code	1/4 1/4 Sec <u>7</u> Twn <u>4N</u> Rng <u>14W</u>
Telephone No. (<u>601</u>) <u>545-7811</u>	Distance <u>2</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: 1-12-07 Date well drilling completed: 1-12-07
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 40 feet above or below (circle one) land surface Date measured: 1-12-07
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 115 Well depth: 115 Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 85 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: .008 inches Setting depth: From 85 feet to 115 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

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BY: CLAR

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 #: E-276

Elevation: _____

County: Lamar

Permit #: _____

Driller: JAMES WELLS

Date completed: 1-12-07

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

Owner Name: Southeastern Concrete

Mailing Address: 2611 Lakeview Rd.

Hattiesburg MS 39401
City State Zip Code

Telephone No. (601) 545-7811

Well Location

Latitude: _____ Longitude: _____

Method of Lat/Long (circle one): Conventional Survey,

USGS quad, Hand-held GPS, Survey-grade GPS

1/4 1/4 Sec. 6 Twn 4N Rng 14W

Distance Direction Nearest Town

2 Miles West of Hattiesburg

Pump Type Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 1-12-07

Rated Pump Capacity: 50 Gallons Per Minute

Power Type Circle one

Diesel Engine Gasoline Engine Natural Gas
Electric Motor Hand Tractor PTO
Windmill Other (specify): _____

Horse Power Rating of Motor: 5

Setting Depth: 80 feet

Number of Stages: 13

Pump Test Data

Date Well Tested: 1-12-07

Static Water Level (A): 40 Feet Below Land Surface

Pumping Water Level (B): 80 Feet Below Land Surface

Drawdown [(B) - (A)]: 40 Feet Below Land Surface

Test Pumping Rate: 50 Gallons Per Minute

Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level Circle one

Air Line Electric Measuring Line Steel Tape

Other (specify): _____

For flowing well, measured shut in head: _____ feet

Well yielded 50 GPM with a drawdown of

4 feet after 4 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

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FEB 08 2007
BY CLAR