

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 #: K-177
L. S. Elevation: _____
E-log #: _____

County: Lamar C73
Permit #: _____
Driller: James Wells Inc.
Date drilling completed: 9-8-04

James Wells Water Well Service

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>Robert Sanders</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>98 Peterson Rd</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Purvis MS 39475</u> City State Zip Code | <u>SW 1/4 NE 1/4 Sec 32 Twp 15N Rng 2W</u> |
| Telephone No. <u>(601) 441-0523</u> | Distance <u>5</u> Miles Direction <u>West</u> of Nearest Town <u>Purvis</u> |

Well Data

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

Date well drilling started: 9-8-04 Date well drilling completed: 9-8-04

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

Static Water Level: 65 feet above or below (circle one) land surface Date measured: 9-8-04

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

Hole depth: 110 Well depth: 110 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 110 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 90 feet to 110 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
Print Name of Water Well Contractor and License No.

James Wells
Signature of Water Well Contractor

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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 #: K-177

Elevation: _____

County: Lamar
 Permit #: _____
 Driller: James Wells
 Date completed: 9-8-04

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>Robert Sanders</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>98 Peterson Rd</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Peruis MS 39475</u> City State Zip Code | <u>SW 1/4 NE 1/4 Sec 32 Twn 15N Rng 2N</u> |
| Telephone No. <u>(601) 441 0523</u> | Distance Direction Nearest Town <u>5 Miles West of Peruis</u> |

| Pump Type Circle one | Power Type Circle one |
|----------------------------------------------------------------------|------------------------------------------------------------------|
| Air Lift Jet <input checked="" type="radio"/> Submersible | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine | <input checked="" type="radio"/> Electric Motor Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: _____ |
| Date Pump Installed: <u>9-8-04</u> | Setting Depth: <u>100</u> feet |
| Rated Pump Capacity: _____ Gallons Per Minute | Number of Stages: <u>11</u> |

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| Pump Test Data | Method of Measuring Water Level Circle one |
|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| Date Well Tested: <u>9-8-04</u> | Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape |
| Static Water Level (A): <u>65</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>100</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>65</u> Feet Below Land Surface | Well yielded <u>15</u> GPM with a drawdown of <u>65</u> feet after <u>4</u> hours of pumping |
| Test Pumping Rate: <u>15</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 0586 James Wells
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer