

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

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County: LAMAR  
 Permit #: \_\_\_\_\_  
 Driller: James Wells  
 Date drilling completed: 11-3-04

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>L J Cameron</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>48 Luna Cove</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Pucvis MS 39475</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>4 1/4 NE 1/4 Sec 2 Twn 14W Rng 2E</u>
Telephone No. <u>(601) 794-6722</u>	Distance Direction Nearest Town
	<u>3 Miles north of Pucvis</u>

**Well Data**

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

Date well drilling started: 11-3-04 Date well drilling completed: 11-3-04

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

Static Water Level: 25 feet above or below (circle one) land surface Date measured: 11-3-04

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

Hole depth: 45 Well depth: 45 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 35 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 1.0 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 508 inches Setting depth: From 35 feet to 45 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 586 James Wells  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

Ground Level 6 - 122

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Description of Formations Encountered	From	To
Clay Seal	0	15
	15	45

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.

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Landowner Name: L J Cameron

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)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: L-122 73

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

County: Yamouss  
 Permit #: \_\_\_\_\_  
 Driller: James Wells  
 Date completed: 11-3-04

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>L.J. Cameron</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>48 Luna Cove</u> <u>Purvis Ms. 39475</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	<u>N 1/4 NE 1/4 Sec 14 Twn Rng 2 N</u>
Telephone No. <u>(601) 794 6722</u>	Distance _____ Direction _____ Nearest Town _____ <u>5 Miles North of Purvis</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>1</u>
Date Pump Installed: _____	Setting Depth: _____ feet
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-3-04</u>	Air Line      Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>26</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>35</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>20</u> Feet Below Land Surface	Well yielded <u>15</u> GPM with a drawdown of <u>20</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.

\_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

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