

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 #: M-145
L. S. Elevation: _____
E-log #: _____

County: Lamar
Permit #: _____
Driller: JAMES WELLS
Date drilling completed: 6-15-05

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

Owner Name: Till Hudson
Mailing Address: Quail Run Ln
Sumrall, MS 39482
City: _____ State: _____ Zip Code: _____
Telephone No. (601) 408-4844

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. 26 Twn. 16W Rng. 1N
Distance _____ Direction _____ Nearest Town _____
18 Miles West of Nathaniel

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 6-15-05 Date well drilling completed: 6-15-05
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 110 feet above or below (circle one) land surface Date measured: 6-15-05
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 190 Well depth: 190 Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 170 feet Casing diameter: 4 inches Type of casing: P.V.C.
Screen length: 20 feet Screen diameter: 4 inches Type of screen: P.V.C.
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

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JUL 08 2005
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 #: M-145

Elevation: _____

County: LAMAR

Permit #: _____

Driller: JAMES WELLS

Date completed: 6-15-05

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>Jill Hudson</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Quail Run Ln</u> <u>Sumrall, MS 39482</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City _____ State _____ Zip Code _____	<u>1/4</u> _____ <u>1/4</u> Sec <u>26</u> Twn <u>16W</u> Rng <u>1N</u>
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____
	<u>10</u> Miles <u>West</u> of <u>Hattiesburg</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/>
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>6-15-05</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-15-05</u>	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> <u>Steel Tape</u> <input checked="" type="radio"/>
Static Water Level (A): <u>110</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>140</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>110</u> Feet Below Land Surface	Well yielded <u>15</u> GPM with a drawdown of
Test Pumping Rate: <u>15</u> Gallons Per Minute	<u>110</u> feet after <u>4</u> hours of pumping
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 0-586
 Print Name of Pump Installer and License No. (if applicable)

James Wells
 Signature of Pump Installer

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JUL 08 2005

BY: OLWR