

# 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-155  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Lamar  
Permit #: \_\_\_\_\_  
Driller: JAMES WELLS  
Date drilling completed: 12-27-05

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: Cherie & Gene Perez  
Mailing Address: 345 Ott Stanford Rd. #A  
Lumberton MS 39455  
City State Zip Code  
Telephone No. (601) 403-9066

### 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. 25 Twn 16W Rng 1N  
Distance Direction Nearest Town  
7 Miles West of Lumberton

### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_  
Date well drilling started: 12-27-05 Date well drilling completed: 12-27-05  
If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 70 feet above or below (circle one) land surface Date measured: 12-27-05  
Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
Hole depth: 175 Well depth: 175 Well grouted to a depth of 10 feet  
Type of grout (circle one): Cement Bentonite Mix  
Casing length: 150 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

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JAN 09 2006  
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)

County: Lamar  
 Permit #: \_\_\_\_\_  
 Driller: JAMES WELLS  
 Date completed: 12-27-05

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: M-  
 Elevation: \_\_\_\_\_

**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>Cherie &amp; Gene Perez</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>345 Ott Stanford Rd. #A</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Lumberton MS 39455</u> City State Zip Code	____ 1/4 ____ 1/4 Sec <u>25</u> Twn <u>16 W</u> Rng <u>1 N</u>
Telephone No. ( <u>601</u> ) <u>403-9066</u>	Distance Direction Nearest Town <u>8</u> Miles <u>5 W</u> of <u>Lumberton</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <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: <u>12-27-05</u>	Setting Depth: _____ feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>70</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>70</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>70</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>9</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

JAMES WELLS 0-586      James Wells  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

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JAN 09 2006

BY: OLWR