

# 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 #: H-44  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Lawrence  
 Permit #: \_\_\_\_\_  
 Driller: JAMES WELLS  
 Date drilling completed: 2-3-06

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>Kendall Arlyman</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>22 Maggie Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Silver Creek ms</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>39663</u>	<u>1/4</u> <u>1/4</u> Sec <u>26</u> Twn <u>20N</u> Rng <u>7W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 792-9466</u>	<u>7</u> Miles <u>SE</u> of <u>Silver Creek</u>

**Well Data**

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

Date well drilling started: 2-3-06 Date well drilling completed: 2-3-06

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

Static Water Level: 110 feet above or below (circle one) land surface Date measured: 2-3-06

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

Hole depth: 210 Well depth: 210 Well grouted to a depth of 10 feet

Type of grout (circle one):  Cement Bentonite Mix

Casing length: 190 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 190 feet to 210 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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# 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: LAWRENCE  
 Permit #: \_\_\_\_\_  
 Driller: JAMES WELLS  
 Date completed: 2-3-06

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: H-44  
 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>Kendall Aultman</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>22 Maggie Rd</u> <u>Silver Creek MS</u> <u>39663</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>20N</u> Rng <u>7W</u> <u>7N</u> <u>20W</u>
Telephone No. <u>(601) 792-9466</u>	Distance _____ Direction _____ Nearest Town _____ <u>7</u> Miles <u>S.E.</u> of <u>Silver Creek</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input type="radio"/> <del>Submersible</del>	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"/>	<del>Electric Motor</del> <input 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>2-3-06</u>	Setting Depth: <u>150</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>2-3-06</u>	Air Line <input type="radio"/> Electric Measuring Line <input checked="" type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>110</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>150</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 James Wells  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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MAR 09 2006

BY: OLWR