

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 #: E-62
L. S. Elevation: B100
E-log #: _____

County: Lincoln
Permit #: _____
Driller: JAMES WELLS
Date drilling completed: 5-17-05

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		Well Location	
Owner Name: <u>Robert Rawls</u>	Latitude: <u>31° 37' 24"</u> Longitude: <u>90° 33' 10"</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	
Mailing Address: <u>2230 Jackson Liberty Dr, Brookhaven, MS 39601</u>	City: _____ State: _____ Zip Code: <u>39601</u>	NE 1/4 NE 1/4 Sec <u>36</u> Twn <u>8N</u> Rng <u>6E</u>	
Telephone No. <u>(601) 833-0077</u>	Distance: <u>6</u> Miles Direction: <u>West</u> of Nearest Town: <u>Brookhaven</u>		
Well Data			
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____			
Date well drilling started: <u>5-17-05</u>		Date well drilling completed: <u>5-17-05</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>200</u> feet above or below (circle one) land surface		Date measured: <u>5-17-05</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____			
Hole depth: <u>300</u>		Well depth: <u>300</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix			
Casing length: <u>280</u> feet		Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>20</u> feet		Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>008</u> inches		Setting depth: From <u>280</u> feet to <u>300</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> 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): <u>No log run</u> 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.			
<u>JAMES WELLS</u> <u>0-586</u>		<u>James Wells</u>	
Print Name of Water Well Contractor and License No.		Signature of Water Well Contractor	

RECEIVED
JUN 03 2005
BY: OLWR

If well telescopes please sketch below and show depths.

Ground Level

~~F-62~~ B100

Description of Formations Encountered

From To

Description of Formations Encountered	From	To
Clay	0	30
Big gravel	30	70
Clay	70	240
Sand	240	300

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.

Landowner Name: Robert Rawls

James Wells
Signature of Water Well Contractor

RECEIVED
JUN 28 1985
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: _____
 Permit #: _____
 Driller: JAMES WELLS
 Date completed: _____

For Office Use Only:

Aquifer: B100
 Well #: E-62
 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>Robert Rawls</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>2230 Jackson Liberty DR.</u> <u>Brookhaven, MS</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: <u>39601</u> Zip Code: _____	<u>NE 1/4 NE 1/4 Sec 1 Twn 6E Rng 7N</u> <u>36 2N 6E</u>
Telephone No. <u>(601) 833-0077</u>	Distance: _____ Direction: _____ Nearest Town: _____ <u>6 Miles West of Brookhaven</u>

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="checkbox"/> Submersible <input checked="" type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket: Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	Electric Motor <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal: Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2</u>
Date Pump Installed: <u>5-17-05</u>	Setting Depth: _____ feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-17-05</u>	Air Line <input checked="" type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input checked="" type="checkbox"/>
Static Water Level (A): <u>200</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>260</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>60</u> Feet Below Land Surface	Well yielded <u>20</u> GPM with a drawdown of <u>200</u> feet after <u>4</u> hours of pumping
Test Pumping Rate: <u>20</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 0-586 James Wells
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
 MDEQ
 BY: OLWA