

# 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: Q163  
Well #: 49T  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Marion  
Permit #: \_\_\_\_\_  
Driller: JAMES WELLS  
Date drilling completed: 9-8-05

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>John Stringer</u>   | Latitude: <u>31.04.38</u> Longitude: <u>89.49.20</u>  |
| Mailing Address: <u>1133 Hwy 35 South</u><br><u>Sandy Hook, MS 39478</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u><br><br>USGS quad, Hand-held GPS, Survey-grade GPS<br><u>SE 1/4 SE 1/4 Sec 6 Twn 14E Rng 31E</u> |
| City: _____ State: _____ Zip Code: _____                                 | Distance: <u>10</u> Miles Direction: <u>South</u> of Nearest Town: <u>For Worth</u>   |
| Telephone No. <u>(601) 736-4531</u>                                      |   |

**Well Data**

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

Date well drilling started: 9-8-05 Date well drilling completed: 9-8-05

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

Static Water Level: 25 feet above or below (circle one) land surface Date measured: \_\_\_\_\_

Method of Measurement (circle one) Steel tape electric tape air line other: 9-8-05

Hole depth: 80 Well depth: 80 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 60 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 60 feet to 80 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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OCT 07 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)

County: Marion  
 Permit #: \_\_\_\_\_  
 Driller: JAMES WELLS  
 Date completed: 9-8-05

For Office Use Only:

Aquifer: Q163  
 Well #: ~~LA~~  
 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>JOHN STRINGER</u>  | Latitude: _____ Longitude: _____  |
| Mailing Address: <u>1133 Hwy 35 South</u><br><u>Sandy Hook MS 39478</u> | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS |
| City _____ State _____ Zip Code _____                                   | <u>SE 1/4 SE 1/4 Sec 6 Twn 14E Rng 3N</u><br><u>IN. 14E</u>   |
| Telephone No. <u>601 736-4531</u>                                       | Distance _____ Direction _____ Nearest Town _____<br><u>10 Miles South of Foxworth</u>              |

| Pump Type<br>Circle one                           | Power Type<br>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: _____                  |
| Date Pump Installed: <u>9-8-05</u>                | Setting Depth: _____ feet                           |
| Rated Pump Capacity: <u>15</u> Gallons Per Minute | Number of Stages: <u>14</u>                         |

| Pump Test Data   | Method of Measuring Water Level<br>Circle one           |
|--|---|
| Date Well Tested: <u>9-8-05</u>                            | Air Line      Electric Measuring Line <u>Steel Tape</u> |
| Static Water Level (A): <u>25</u> Feet Below Land Surface  | Other (specify): _____                                  |
| Pumping Water Level (B): <u>50</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet     |
| Drawdown [(B) - (A)]: <u>50</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>25</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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 OCT 07 2005  
 BY: OLWR