

# State Well Report

Part 1

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. BOX 10031  
Jackson, MS 39284-0031  
(601)961-5210  
(601)354-6938 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: L-65  
L.S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Neshoba  
Permit #: \_\_\_\_\_  
Driller: Nelson CAIN  
Date drilling completed: 6-28-05

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>James Fulton</u>	Latitude: <u>32° 44' 58"</u> Longitude: <u>89° 01' 31"</u>
Mailing Address: <u>10340 Rd 547</u> <u>Philadelphia MS</u> <u>39350</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>N 1/4 E 1/4 Sec 1</u> Twn <u>10N</u> Rng <u>12E</u>
City: _____ State: _____ Zip Code: _____	Direction: _____ Nearest Town: _____
Telephone No: <u>(601) 650-9653</u>	Distance: <u>5</u> Miles <u>East</u> of <u>Philadelphia MS</u>
Well Data	
Purpose of Well (circle one): Home <input type="checkbox"/> <u>Industrial</u> <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> Other: <u>Chicken Farm</u>	Date well drilling started: <u>6-23-05</u> Date well drilling completed: <u>6-28-05</u>
If flowing, method of flow regulation: Valve _____ Other (describe) _____	Static Water Level: <u>20'</u> feet above or below (circle one) land surface Date measured: <u>6-24-05</u>
Method of Measurement (circle one) steel tape <input type="checkbox"/> electric tape <input type="checkbox"/> air line <input type="checkbox"/> other: <u>String</u>	Flow depth: <u>100'</u> Well depth: <u>100'</u> Well grouted to a depth of <u>10'</u> feet
Type of grout (circle one): Cement <input type="checkbox"/> <u>Bentonite</u> <input type="checkbox"/> Mix <input type="checkbox"/>	Casing length: <u>80'</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>10</u> inches Setting depth: From <u>80'</u> feet to <u>100'</u> feet
Type of completion (circle all applicable): <u>Gravel packed</u> <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development <input type="checkbox"/>	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> <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> 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.	
Print Name of Water Well Contractor and License No. _____	Signature of Water Well Contractor _____

# 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: Meshoba  
 Permit # \_\_\_\_\_  
 Driller \_\_\_\_\_  
 Date completed: 6-28-05

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: L-65  
 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>James Fulton</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>10340 Rd 547</u> <u>Philadelphia MS</u> <u>39350</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad. Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>N</u> 1/4 <u>E</u> 1/4 Sec <u>1</u> Twn <u>10N</u> Rng <u>12E</u>
Telephone No. <u>(601) 650-9653</u>	Distance: _____ Direction: _____ Nearest Town: _____
	<u>5</u> Miles <u>East</u> of <u>Philadelphia MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift: <input type="checkbox"/> Jet: <input type="checkbox"/> <u>Submersible</u>	Diesel Engine: <input type="checkbox"/> Gasoline Engine: <input type="checkbox"/> Natural Gas: <input type="checkbox"/>
Bucket: <input type="checkbox"/> Piston: <input type="checkbox"/> Turbine: <input type="checkbox"/>	<u>Electric Motor</u> : <input type="checkbox"/> Hand: <input type="checkbox"/> Tractor PTO: <input type="checkbox"/>
Centrifugal: <input type="checkbox"/> Rotary: <input type="checkbox"/> Flowing Well: <input type="checkbox"/>	Windmill: <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>6-28-05</u>	Setting Depth: <u>90'</u> feet
Rated Pump Capacity: <u>50</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-28-05</u>	Air Line: <input type="checkbox"/> Electric Measuring Line: <input type="checkbox"/> Steel Tape: <input type="checkbox"/>
Static Water Level (A): <u>20'</u> Feet Below Land Surface	Other (specify): <u>String</u>
Pumping Water Level (B): <u>45'</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>25'</u> Feet Below Land Surface	Well yielded <u>50</u> GPM with a drawdown of
Test Pumping Rate: <u>50</u> Gallons Per Minute	<u>25'</u> feet after <u>5</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>5</u> hours	

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

Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

