

# 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 #: A-24  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Pearl River  
Permit #: \_\_\_\_\_  
Driller: JAMES WELLS  
Date drilling completed: 3-24-06

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>Wilson Abram</u>	Latitude: _____ Longitude: _____	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	
Mailing Address: <u>10364 NY 43h.</u> <u>Poplarville Ms 39476</u>	Distance: _____ Miles	Direction: _____	Nearest Town: <u>15</u> <u>17W</u>
City: _____ State: _____ Zip Code: _____	Well Data		
Telephone No. <u>(601) 795-8361</u>	Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____		
	Date well drilling started: <u>3-24-06</u> Date well drilling completed: <u>3-24-06</u>		
	If flowing, method of flow regulation: Valve _____ Other (describe) _____		
	Static Water Level: <u>130</u> feet above or below (circle one) land surface Date measured: <u>3-24-06</u>		
	Method of Measurement (circle one) steel tape electric tape air line other: _____		
	Hole depth: <u>250</u> Well depth: <u>250</u> Well grouted to a depth of <u>10</u> feet		
	Type of grout (circle one): <u>Concrete</u> Bentonite Mix		
	Casing length: <u>230</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>230</u> feet to <u>250</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  
APR 06 2006  
BY: OLWR

A-24

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Top Soil	0	2
Clay	2	15
Sand	15	30
Clay	30	180
Sand	180	250

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: Wilmon Abner

James Wells  
Signature of Water Well Contractor

RECEIVED  
APR 06 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)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: A-24

Elevation: \_\_\_\_\_

County: Pearl River  
 Permit #: \_\_\_\_\_  
 Driller: JAMES WELLS  
 Date completed: 3-24-06

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>Wilmon Abram</u> Mailing Address: <u>10364 HY 43 W</u> <u>Poplarville MS.</u> <u>39476</u> City State Zip Code Telephone No. <u>(601) 795-8361</u>	Latitude: _____ Longitude: _____ 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 <u>1/4</u> <u>1/4</u> Sec <u>9</u> Twn <u>15</u> Rng <u>17W</u> Distance Direction Nearest Town _____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> <u>Submersible</u> Bucket <input type="radio"/> Piston <input type="radio"/> Turbine Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well Other (specify): _____ Date Pump Installed: <u>3-24-06</u> Rated Pump Capacity: <u>15</u> Gallons Per Minute	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/> <input checked="" type="radio"/> <u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO Windmill <input type="radio"/> Other (specify): _____ Horse Power Rating of Motor: <u>1</u> Setting Depth: <u>160</u> feet Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-24-06</u> Static Water Level (A): <u>130</u> Feet Below Land Surface Pumping Water Level (B): <u>160</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>130</u> Feet Below Land Surface Test Pumping Rate: <u>15</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>15</u> GPM with a drawdown of <u>130</u> feet after _____ hours of pumping

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

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

James Wells  
 Signature of Pump Installer

RECEIVED  
 APR 06 2006  
 BY: OLWR