

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 #: C-69
L. S. Elevation:
E-log #:

County: Pearl River
Permit #:
Driller: JAMES WELLS
Date drilling completed: 1-9-06

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: Owner Name: Jim Gautreaux, Mailing Address: 76 John Smith Rd, Poplarville, MS 39470, Telephone No. (601) 236-1677. Well Location: Latitude: Longitude: Method of Lat/Long: Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS. Distance: 4 Miles, Direction: North, Nearest Town: Poplarville Ms.

Well Data: Purpose of Well (circle one): Home, Industrial, Public Supply, Irrigation, Fish Culture, Other: Date well drilling started: 1-9-06, Date well drilling completed: 1-9-06. Static Water Level: 30 feet above or below (circle one) land surface, Date measured: 1-9-06. Method of Measurement (circle one): steel tape, electric tape, air line, other: Hole depth: 40, Well depth: 60, Well grouted to a depth of 10 feet. Type of grout (circle one): Cement, Bentonite, Mix. Casing length: 45 feet, Casing diameter: 4 inches, Type of casing: PVC. Screen length: 15 feet, Screen diameter: 4 inches, Type of screen: PVC. Screen slot size: 008 inches, Setting depth: From 45 feet to 60 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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If well telescopes please sketch below and show depths.

Ground Level \_\_\_\_\_

Description of Formations Encountered	From	To
Top Sand	0	2
Clay	2	20
Sand	20	60

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: Jim Gautreaux

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: Pearl River  
 Permit #: \_\_\_\_\_  
 Driller: JAMES WELLS  
 Date completed: 1-9-06

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: C-69  
 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>Jim Gautreaux</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>76 John Smith Rd</u> <u>Poplarville, MS 39470</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	_____ 1/4 _____ 1/4 Sec <u>32</u> Twn <u>15N</u> Rng <u>15E</u>
Telephone No. <u>(601)-236-1177</u>	Distance: _____ Direction: _____ Nearest Town: _____ <u>4 Miles north of Poplarville</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</u>
Date Pump Installed: <u>1-9-06</u>	Setting Depth: <u>1-9-06</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>1-9-06</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>30</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>30</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>30</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  
 Print Name of Pump Installer and License No. (if applicable)

James Wells  
 Signature of Pump Installer

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 FEB 07 2006  
 BY: OLWR