

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 #: G-74
L. S. Elevation: _____
E-log #: _____

County: Paul River
Permit #: 0586
Driller: JAMES WELLS
Date drilling completed: 5-1-06

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>Sidney Barilleaux</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>46 Big Valley Ln</u> <u>Poplarville MS</u> <u>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>24</u> Twn <u>15W</u> Rng <u>2S</u>
Telephone No. <u>(504) 202-7123</u>	Distance _____ Direction _____ Nearest Town _____ <u>4</u> Miles <u>EAST</u> of <u>Poplarville</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 5-1-06 Date well drilling completed: 5-1-06
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 130 feet above or below (circle one) land surface Date measured: 5-1-06
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 275 Well depth: 275 Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 255 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 255 feet to 275 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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JUN 08 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 #: G-74

Elevation: _____

County: Pend River
 Permit #: 0586
 Driller: JAMES WELLS
 Date completed: 5-1-06

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>Sidney Burrelleaux</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>46 Big Valley Ln</u> <u>Poplarville MS</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: <u>39470</u>	_____ 1/4 _____ 1/4 Sec <u>24</u> Twn <u>15W</u> Rng <u>2S</u>
Telephone No. <u>(504) 202 7123</u>	Distance _____ Direction _____ Nearest Town _____
	<u>4</u> Miles <u>4 1/2</u> ST of <u>Poplarville</u>

Pump Type Circle one	Power Type 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: <u>1</u>
Date Pump Installed: <u>5-1-06</u>	Setting Depth: <u>5-1-06</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>5-1-06</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>130</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>160</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>130</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>130</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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