

# 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-14  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: SIMPSON  
 Permit #: \_\_\_\_\_  
 Driller: JAMES WELLS  
 Date drilling completed: 6-21-07

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>Mike Sykes</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>5685 Gatesville Rd.</u>	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>Harrisville MS 39082</u>	<u>1/4 1/4 Sec. 20 Twn 2N Rng 1E</u>
City State Zip Code	Distance: <u>13</u> Miles Direction: <u>W</u> of Nearest Town: <u>Harrisville</u>
Telephone No. <u>(601) 845-6519</u>	

**Well Data**

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

Date well drilling started: 6-21-07 Date well drilling completed: 6-21-07

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

Static Water Level: 15 feet above or  below (circle one) land surface Date measured: 6-21-07

Method of Measurement (circle one):  steel tape  electric tape  air line  other: \_\_\_\_\_

Hole depth: 110 Well depth: 110 Well grouted to a depth of 10 feet

Type of grout (circle one):  Cement  Bentonite  Mix

Casing length: 100 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: 008 inches Setting depth: From 100 feet to 110 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 James Wells  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

*Casing Only*

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A-14

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
topsoil	0	1
clay	1	12
sand	10	25
clay	25	80
sand	80	110

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: Mike Sykes

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)

For Office Use Only:

Acquifer: \_\_\_\_\_  
 Well #: A-14  
 Elevation: \_\_\_\_\_

County: Simpson  
 Permit #: \_\_\_\_\_  
 Driller: JAMES WELLS  
 Date completed: 6-21-07

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>Mike Sykes</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>5085 Gatesville Rd.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Harrisville MS 39082</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>20</u> Twn <u>2N</u> Rng <u>1E</u>
Telephone No. <u>(601) 845-6519</u>	Distance Direction Nearest Town
	<u>15</u> Miles <u>W</u> of <u>Harrisville</u>

Pump Type Circle one	Power Type Circle one
Air Lift                      Jet                      Submersible	Diesel Engine              Gasoline Engine              Natural Gas
Bucket                        Piston                      Turbine	Electric Motor              Hand                          Tractor PTO
Centrifugal                  Rotary                      Flowing Well	Windmill                      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>Casing only</u>
Date Pump Installed: <u>Casing only</u>	Setting Depth: _____ feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line                      Electric Measuring Line              Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ 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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 BY: OLWR