

# 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 #: L-27  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Simpson  
Permit #: \_\_\_\_\_  
Driller: JAMES WELLS  
Date drilling completed: 11-02-07

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>Stan Berger</u>                                  | Latitude: _____ Longitude: _____  |
| Mailing Address: <u>23506 Magee Rd</u><br><u>Magee MS 39111</u> | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____                        | _____ 1/4 _____ 1/4 Sec <u>35</u> Twn <u>1N</u> Rng <u>11W</u><br><u>6E</u>                         |
| Telephone No. <u>601, 8493952</u>                               | Distance _____ Direction _____ Nearest Town _____<br><u>2</u> Miles <u>North</u> of <u>Magee</u>    |

**Well Data**

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

Date well drilling started: 11-2-07 Date well drilling completed: 11-2-07

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

Static Water Level: 40 feet above or below (circle one) land surface Date measured: 11-2-07

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

Hole depth: 140 Well depth: 140 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 110 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 008 inches Setting depth: From 110 feet to 140 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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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 #: L-27  
 Elevation: \_\_\_\_\_

County: Simpson  
 Permit #: \_\_\_\_\_  
 Driller: JAMES WELLS  
 Date completed: 11-02-07

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>Stan Bulger</u><br>Mailing Address: <u>235 Ole Magee Rd</u><br><u>Magee MS 39111</u><br>City _____ State _____ Zip Code _____<br>Telephone No. <u>(601) 849 3952</u> | Latitude: _____ Longitude: _____<br>Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,<br><input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS<br>_____ 1/4 _____ 1/4 Sec. <u>35</u> Twn <u>14</u> Rng <u>17W</u><br>Distance _____ Direction _____ Nearest Town <u>6E</u><br><u>2 Miles North of Magee MS</u> |

| Pump Type<br>Circle one  | Power Type<br>Circle one   |
|--|--|
| Air Lift      Jet <input checked="" type="radio"/> <u>Submersible</u><br>Bucket      Piston      Turbine<br>Centrifugal      Rotary      Flowing Well<br>Other (specify): _____<br>Date Pump Installed: <u>11-02-07</u><br>Rated Pump Capacity: _____ <u>35</u> Gallons Per Minute | Diesel Engine      Gasoline Engine      Natural Gas<br><input checked="" type="radio"/> <u>Electric Motor</u> Hand      Tractor PTO<br>Windmill      Other (specify): _____<br>Horse Power Rating of Motor: <u>3</u><br>Setting Depth: <u>80</u> feet<br>Number of Stages: <u>11</u> |

| Pump Test Data  | Method of Measuring Water Level<br>Circle one  |
|---|--|
| Date Well Tested: <u>11-02-07</u><br>Static Water Level (A): <u>40</u> Feet Below Land Surface<br>Pumping Water Level (B): <u>80</u> Feet Below Land Surface<br>Drawdown [(B) - (A)]: <u>40</u> Feet Below Land Surface<br>Test Pumping Rate: _____ <u>35</u> Gallons Per Minute<br>Duration of Pump Test (minimum 4 hours): <u>4</u> hours | Air Line      Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u><br>Other (specify): _____<br>For flowing well, measured shut in head: _____ feet<br>Well yielded _____ <u>75</u> GPM with a drawdown of<br><u>40</u> feet after <u>4</u> hours of pumping |

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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 DEC 10 2007  
 BY: OLWR