

1

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)

County: Simpson
Permit #: _____
Driller: JAMES WELLS
Date drilling completed: 11-24-07

For Office Use Only:
Aquifer: _____
Well #: Q-58
L. S. Elevation: _____
E-log #: _____

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>W.E. Madley Farms</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>129 Bud Madley Rd</u> <u>Magala MS. 39111</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
City: _____ State: _____ Zip Code: _____	_____ 1/4 _____ 1/4 Sec <u>3</u> Twn <u>10N</u> Rng <u>17W</u>
Telephone No.: <u>601, 906 7832</u>	Distance: <u>2</u> Miles Direction: <u>EAST</u> of Nearest Town: <u>Magala</u>

Well Data

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

Date well drilling started: 11-24-07 Date well drilling completed: 11-24-07

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

Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____

Method of Measurement (circle one) **steel tape** electric tape air line other: _____

Hole depth: 50 Well depth: 50 Well grouted to a depth of 10 feet

Type of grout (circle one): **Cement** Bentonite Mix

Casing length: 20 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 20 feet to 50 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

RECEIVED
DEC 10 2007
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 #: Q-58
 Elevation: _____

County: _____
 Permit #: _____
 Driller: JAMES WELLS
 Date completed: _____

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>W.H. Maddox</u> Mailing Address: <u>129 Bub Maddox Rd</u> <u>Wadley Magee MS</u> <u>39111</u> City _____ State _____ Zip Code _____ Telephone No. <u>601, 906 7832</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>3</u> Twn <u>10N</u> Rng <u>17W</u> Distance _____ Direction _____ Nearest Town _____ <u>2</u> Miles <u>East</u> of <u>Magee</u>

Pump Type Circle one	Power Type Circle one
Air Lift _____ Jet _____ <u>Submersible</u> Bucket _____ Piston _____ Turbine _____ Centrifugal _____ Rotary _____ Flowing Well _____ Other (specify): _____ Date Pump Installed: <u>11-24-07</u> Rated Pump Capacity: _____ <u>80</u> Gallons Per Minute	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____ <u>Electric Motor</u> _____ Hand _____ Tractor PTO _____ Windmill _____ Other (specify): _____ Horse Power Rating of Motor: _____ <u>5</u> Setting Depth: _____ <u>45</u> feet Number of Stages: _____ <u>13</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-24-07</u> Static Water Level (A): _____ <u>10</u> Feet Below Land Surface Pumping Water Level (B): _____ <u>45</u> Feet Below Land Surface Drawdown [(B) - (A)]: _____ <u>10</u> Feet Below Land Surface Test Pumping Rate: _____ <u>80</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ <u>4</u> hours	Air Line _____ Electric Measuring Line _____ <u>Steel Tape</u> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ <u>80</u> GPM with a drawdown of <u>10</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
 Print Name of Pump Installer and License No. (if applicable)

James Wells
 Signature of Pump Installer

RECEIVED
 DEC 10 2007
 BY: OLWR