

# 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 #: Q-61  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Simpson  
Permit #: \_\_\_\_\_  
Driller: JAMES WELLS  
Date drilling completed: 4-9-08

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.A. Maddox</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>129 Bud Maddox Rd</u> <u>Magee MS 39111</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>3</u> Twn <u>10N</u> Rng <u>17W</u>
Telephone No. <u>(601) 906-7832</u>	Distance: _____ Direction: _____ Nearest Town: _____ <u>2</u> Miles <u>East</u> of <u>Magee</u>
Well Data	
Purpose of Well (circle one) Home <input checked="" type="radio"/> Industrial <input type="radio"/> Public Supply <input type="radio"/> Irrigation <input type="radio"/> Fish Culture <input type="radio"/> Other: _____	
Date well drilling started: <u>4-09-08</u> Date well drilling completed: <u>4-9-08</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>2</u> feet above or <input checked="" type="radio"/> below (circle one) land surface Date measured: <u>4-9-08</u>	
Method of Measurement (circle one) <input checked="" type="radio"/> steel tape <input type="radio"/> electric tape <input type="radio"/> air line <input type="radio"/> other: _____	
Hole depth: <u>140</u> Well depth: <u>140</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <input checked="" type="radio"/> Cement <input type="radio"/> Bentonite <input type="radio"/> Mix	
Casing length: <u>120</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>008</u> inches Setting depth: From <u>120</u> feet to <u>140</u> feet	
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> 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): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> 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.	
<u>JAMES WELLS</u> <u>0-586</u>	<u>James Wells</u>
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

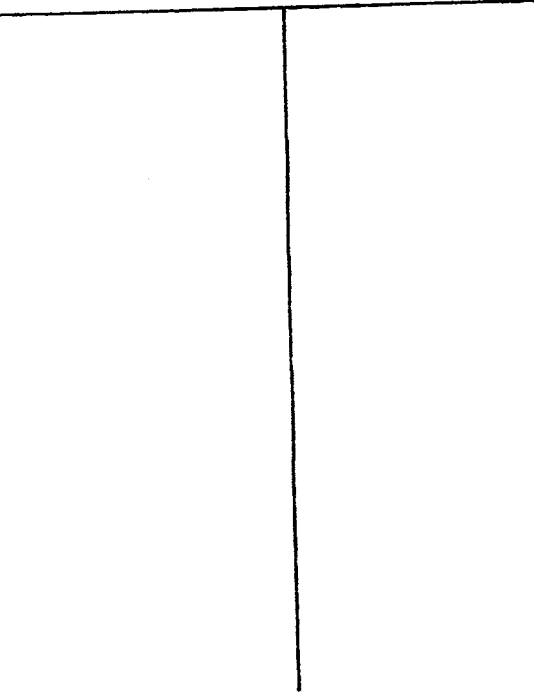
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Q-61

If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
Top Soil	0	2
Clay	2	10
Sand	10	40
Clay	40	80
Sand	80	140

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: W H Maddox

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:

Aquifer: \_\_\_\_\_  
 Well #: Q-61  
 Elevation: \_\_\_\_\_

County: Simpson  
 Permit #: \_\_\_\_\_  
 Driller: JAMES WELLS  
 Date completed: 4-9-08

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>	Latitude: _____ Longitude: _____
Mailing Address: <u>129 Blvd Maddox Rd.</u> <u>Magee MS 39111</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey. <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>1/4</u> <u>1/4</u> Sec <u>3</u> Twn <u>10N</u> Rng <u>17W</u>
Telephone No. <u>(601) 906 7832</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: <input type="checkbox"/> Jet: <input type="checkbox"/> <u>Submersible</u>	Diesel Engine: <input type="checkbox"/> Gasoline Engine: <input type="checkbox"/> Natural Gas: <input type="checkbox"/>
Bucket: <input type="checkbox"/> Piston: <input type="checkbox"/> Turbine: <input type="checkbox"/>	<u>Electric Motor</u> : <input type="checkbox"/> Hand: <input type="checkbox"/> Tractor PTO: <input type="checkbox"/>
Centrifugal: <input type="checkbox"/> Rotary: <input type="checkbox"/> Flowing Well: <input type="checkbox"/>	Windmill: <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3</u>
Date Pump Installed: <u>4-9-08</u>	Setting Depth: <u>50</u> feet
Rated Pump Capacity: <u>50</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-9-08</u>	Air Line: <input type="checkbox"/> Electric Measuring Line: <input type="checkbox"/> <u>Steel Tape</u>
Static Water Level (A): <u>2</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>2</u> Feet Below Land Surface	Well yielded <u>50</u> GPM with a drawdown of _____
Test Pumping Rate: <u>50</u> Gallons Per Minute	<u>2</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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