

# 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 #: P-38  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

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County: Smith  
 Permit #: \_\_\_\_\_  
 Driller: James Wells  
 Date drilling completed: 10-6-04

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>James D Roberts</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>500 SCR 62</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>Magee MS</u>	<input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>39111</u>	<u>SW 1/4 N 1/4 Sec 3 Twn 16N Rng 10W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 733-2357</u>	<u>3</u> Miles <u>West</u> of <u>Magee</u>

**Well Data**

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

Date well drilling started: 10-6-04 Date well drilling completed: 10-6-04

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Hole depth: 90 Well depth: 90 Well grouted to a depth of 10 feet

Type of grout (circle one):  Cement  Bentonite  Mix

Casing length: 70 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 70 feet to 90 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): \_\_\_\_\_

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 BY: OLWR

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 0586 James Wells  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

129  
If well telescopes please sketch below and show depths.

Ground Level

P-38

Description of Formations Encountered

From To

Description of Formations Encountered	From	To
clay	0	30
5-20	30	90

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.

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Landowner Name: James D Robert

James Wells  
Signature of Water Well Contractor

# 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 #: P-38

Elevation: \_\_\_\_\_

County: Smith  
 Permit #: \_\_\_\_\_  
 Driller: James Wells  
 Date completed: 10-6-04

**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: <del>Robert</del> <u>James D Robert</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>506 Sch 62</u> <u>Magae Ms</u> <u>39111</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>W 1/4 NW 1/4 Sec 3 Twn 16N Rng 10W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____ <u>7 Miles West of Magae</u>
Telephone No. <u>(601) 733-2357</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: _____
Date Pump Installed: <u>10-6-04</u>	Setting Depth: _____ feet
Rated Pump Capacity: <u>25</u> Gallons Per Minute	Number of Stages: <u>11</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-6-04</u>	Air Line      Electric Measuring Line      Steel Tape
Static Water Level (A): <u>60</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>80</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>60</u> Feet Below Land Surface	Well yielded <u>25</u> GPM with a drawdown of _____ feet after <u>4</u> hours of pumping
Test Pumping Rate: <u>25</u> Gallons Per Minute	
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 0586      James Wells  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer