

# 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 #: F-105  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Walthall  
Permit #: \_\_\_\_\_  
Driller: JAMES WELLS  
Date drilling completed: 7-28-05

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>Julie Stinson</u>	Latitude: _____° _____' _____" Longitude: _____° _____' _____"	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	
Mailing Address: <u>291 Fordsville Rd</u> <u>Tylertown, MS 39667</u>	_____ 1/4 _____ 1/4 Sec <u>27</u> Twn <u>11E</u> Rng <u>2N</u>		
City: _____ State: _____ Zip Code: _____	Distance: <u>4</u> Miles	Direction: <u>EAST</u>	Nearest Town: <u>Tylertown</u>
Telephone No. <u>(601) 876-4501</u>			
Well Data			
Purpose of Well (circle one) <input checked="" type="radio"/> Home <input 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>7-28-05</u>		Date well drilling completed: <u>7-28-05</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>60</u> feet above or below (circle one) land surface		Date measured: _____	
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>125</u>		Well depth: <u>125</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <input type="radio"/> Cement <input type="radio"/> Bentonite <input type="radio"/> Mix			
Casing length: <u>105</u> feet		Casing diameter: <u>4</u> inches	
Screen length: <u>20</u> feet		Screen diameter: <u>4</u> inches	
Screen slot size: <u>008</u> inches		Setting depth: From <u>105</u> feet to <u>125</u> feet	
Type of completion (circle all applicable): <input checked="" type="radio"/> Gravel packed <input type="radio"/> Underreamed <input type="radio"/> Telescoped <input type="radio"/> Open hole <input type="radio"/> 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="radio"/> No log run <input type="radio"/> Electric <input type="radio"/> Gamma Ray <input type="radio"/> Density <input type="radio"/> Sonic <input type="radio"/> Neutron <input type="radio"/> 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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AUG 05 2005

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 #: F-105

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

County: Walthall  
 Permit #: \_\_\_\_\_  
 Driller: JAMES WELLS  
 Date completed: 7-28-05

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>Julie Stinson</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>291 Fordsville Rd</u> <u>Tylertown, MS 39667</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>27</u> Twn <u>11E</u> Rng <u>3h</u>
Telephone No. <u>(601) 876-4501</u>	Distance _____ Direction _____ Nearest Town _____ <u>4</u> Miles <u>EAST</u> of <u>Tylertown</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine      Gasoline Engine      Natural Gas
Bucket      Piston      Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>7-28-05</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-28-05</u>	Air Line      Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u>
Static Water Level (A): <u>60</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>100</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>15</u> GPM with a drawdown of
Test Pumping Rate: <u>15</u> Gallons Per Minute	<u>60</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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