

# 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 #: J-62  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Walthall  
Permit #: \_\_\_\_\_  
Driller: JAMES WELLS  
Date drilling completed: 9-26-06

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>William Watson</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>60 Royals Rd.</u> <u>Trertown, MS 39667</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>12</u> Twp. <u>11E</u> Rng. <u>11E</u>
Telephone No. <u>(601) 876-3647</u>	Distance: _____ Miles Direction: <u>SW</u> of Nearest Town: <u>Trertown</u>

**Well Data**

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

Date well drilling started: 9-26-06 Date well drilling completed: 9-26-06

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

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 9-26-06

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

Hole depth: 240 Well depth: 240 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 220 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 220 feet to 240 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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J-62

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Top Soil	0	2
Clay	2	60
Sand	60	100
Clay	100	160
Sand	160	240

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: William Watson

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)

County: Walthall  
 Permit #: \_\_\_\_\_  
 Driller: JAMES WELLS  
 Date completed: 9-26-06

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: J-62  
 Elevation: \_\_\_\_\_

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>William Watson</u> Mailing Address: <u>60 Ryals Rd</u> <u>Tylertown, MS 39667</u>  <div style="display: flex; justify-content: space-between;"> <span>City</span> <span>State</span> <span>Zip Code</span> </div> Telephone No. ( <u>601</u> ) <u>876 3647</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  <div style="display: flex; justify-content: space-between;"> <span>1/4</span> <span>1/4 Sec. <u>12</u></span> <span>Twn <u>11E</u></span> <span>Rng <u>10E</u></span> </div> <div style="display: flex; justify-content: space-between;"> <span>Distance</span> <span>Direction</span> <span>Nearest Town</span> </div> <u>7</u> Miles <u>SW</u> of <u>Tylertown</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: _____ Rated Pump Capacity: <u>15</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>1</u> Setting Depth: <u>100</u> feet Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-26-06</u> Static Water Level (A): <u>80</u> Feet Below Land Surface Pumping Water Level (B): <u>100</u> Feet Below Land Surface Drawdown [(B)-(A)]: <u>80</u> Feet Below Land Surface Test Pumping Rate: <u>15</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>15</u> GPM with a drawdown of <u>80</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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 OCT 06 2006  
 BY: OLWR