

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 #: C-114
 L. S. Elevation: _____
 E-log #: _____

County: Hancock
 Permit #: _____
 Driller: Pouncey
 Date drilling completed: 8-26-04

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>Louis D. Lee Jr.</u>	Latitude: <u>30° 32' 02" N</u>	Longitude: <u>089° 30' 62" W</u>	
Mailing Address: <u>Rt. 3 Rd. 268</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		
<u>Only Home Sight</u>	<u>1/4</u>	<u>1/4</u> Sec <u>16</u>	Twn <u>65</u> Rng <u>15</u> West
<u>Picayune MS 39466</u>	City	State	Zip Code
Telephone No. <u>228 216-7623</u>	Distance _____ Miles	Direction _____	Nearest Town <u>Sixteen</u>
	<u>Leeton Community see dec.</u>		

Well Data

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

Date well drilling started: 8/25/04 Date well drilling completed: 8-26-04

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

Static Water Level: 72 feet above or below (circle one) land surface Date measured: 8-26

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

Hole depth: 430 Well depth: 430 Well grouted to a depth of 12 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 415 feet Casing diameter: 4 1/2 inches Type of casing: PVC

Screen length: 15 feet Screen diameter: 2" inches Type of screen: Jaco PVC wrap

Screen slot size: 1/2 010 inches Setting depth: From 415 feet to 430 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): But Air injected

Top of lap pipe or reduction in casing: 180 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.

Pouncey 0-389
 Print Name of Water Well Contractor and License No.

W. Pouncey
 Signature of Water Well Contractor

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 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 #: C-114

Elevation: _____

County: Hancock
 Permit #: _____
 Driller: Pouncey
 Date completed: 8/28

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>Louis D. Lee Jr.</u>	Latitude: <u>30° 31.21'</u> Longitude: <u>089° 32.48' W</u>
Mailing Address: <u>Rt 3 Rd. 268</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Picayune</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>MS.</u> State <u>39466</u> Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>16</u> Twn <u>65</u> Rng <u>15 W</u>
Telephone No. (<u>228</u>) <u>216-7623</u>	Distance _____ Direction _____ Nearest Town _____
	<u>1</u> Miles of <u>LeFlore County</u>

what
How
D-21
Call
you

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: <u>1</u>
Date Pump Installed: <u>8-27-04</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>7</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>27-28</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>72</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>72</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>could find no pump</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>269</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>16</u> hours	

HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Pouncey
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

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