

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-115
 L. S. Elevation: _____
 E-log #: _____

County: Hancock
 Permit #: _____
 Driller: Pouncey
 Date drilling completed: 8-7-04

Pouncey Water Wells
 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>Mrs. Joyce Burge</u>	Latitude: <u>30° 31.2' N</u>	Longitude: <u>89° 32.48' W</u>	what are the 1/4 1/4 =
Mailing Address: <u>Rt. 3 Box 1444</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS		
<u>N. Berenville Rd.</u>	1/4 _____ 1/4 Sec <u>18</u> Twn <u>T6S</u> Rng <u>R15W</u>		
<u>Picayune MS. 39466</u>	Distance _____ Miles Direction <u>E</u> of Nearest Town <u>Picayune</u>		
City _____ State _____ Zip Code _____	Telephone No. <u>601 798-5014</u>		

Well Data

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

Date well drilling started: 8-5-04 Date well drilling completed: 8-7-04

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

Static Water Level: 43 feet above or below (circle one) land surface Date measured: 8-7-04

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

Hole depth: 363 Well depth: 363 Well grouted to a depth of 10-12 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 348 feet Casing diameter: 4 1/2 inches Type of casing: PVC

Screen length: 15 feet Screen diameter: 2 inches Type of screen: Jaco (wrap)

Screen slot size: (5) 1/2 (10) 0.10 inches Setting depth: From 348 feet to 363 feet

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

Other (describe): Air injection

Top of lap pipe or reduction in casing: 230 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.

Adron Pouncey
 Print Name of Water Well Contractor and License No.

Don 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-115

Elevation: _____

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

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: <u>Mrs. Joyce Byrd</u>	Latitude: <u>30° 31.21' N</u> Longitude: <u>89° 32.48' W</u>
Mailing Address: <u>Rt 3 Box 1444</u> <u>N. Benville Rd.</u> <u>Picayune Ms. 39466</u>	Method of Lat/Long (circle one): Conventional Survey, Jeff What
City: _____ State: _____ Zip Code: _____	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. <u>601 798-5014</u>	_____ 1/4 _____ 1/4 Sec <u>18</u> Twn <u>T6S</u> Rng <u>R5W</u> 1/4
	Distance _____ Direction _____ Nearest Town _____
	<u>8</u> Miles <u>E</u> of <u>Picayune</u> 1/4

Pump Type Circle one	Power Type Circle one
Air Lift: <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible	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 checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
Centrifugal: <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>8-8-04</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>19</u> Gallons Per Minute	Number of Stages: <u>7</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-7-04</u>	<input checked="" type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
Static Water Level (A): <u>42</u> Feet <input checked="" type="checkbox"/> Below Land Surface	Other (specify): <u>Air line to 42' next</u>
Pumping Water Level (B): <u>42</u> Feet <input checked="" type="checkbox"/> Below Land Surface	<u>Am - maby 2" lower?</u>
Drawdown [(B) - (A)]: <u>44</u> Feet Below Land Surface	For flowing well, measured shut-in head: _____ feet
Test Pumping Rate: <u>28 gpm open discharge</u> Gallons Per Minute	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): <u>12</u> hours	

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I 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)

Deon Pouncey Signature of Pump Installer

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SEP 03 2004

BY: OLWR