

# 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 #: K-543  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Hancock  
 Permit #: \_\_\_\_\_  
 Driller: ROBERT NECAISE  
 Date drilling completed: 9/8/04  
NECAISE Well Serv.

045

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>WAYNE GARITY</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Delaware St.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Bay St Louis MS 39560</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>39</u> Twn <u>8S</u> Rng <u>14W</u>
Telephone No. <u>504-270-9500</u>	Distance Direction Nearest Town
	<u>5</u> Miles <u>W</u> of <u>Bay St Louis</u>

**Well Data**

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

Date well drilling started: 9/8/04 Date well drilling completed: 9/8/04

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

Static Water Level: 12 feet above or below (circle one) land surface Date measured: 9/8/04

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

Hole depth: 150 Well depth: 150 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 140 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: 1006 inches Setting depth: From 140 feet to 150 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.

ROBERT NECAISE 0660 Robert Necaise  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

Ground Level K-543

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Description of Formations Encountered	From	To
well	0	15
clay	15	40
sand	40	65
clay	65	70
sand	70	100
clay	100	125
sand	125	150

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: WAYNE GARTY

Robert [Signature]  
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)

### For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: K-543  
 Elevation: \_\_\_\_\_

County: Hancock  
 Permit #: \_\_\_\_\_  
 Driller: ROBERT NECAISE  
 Date completed: 9/8/04

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>WAYNE GARTY</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Delaware St.</u> <u>BAY ST LOUIS</u> <u>BAYSTLOUIS MS 39560</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. <u>504 270-9500</u>	_____ 1/4 _____ 1/4 Sec <u>39</u> Twn <u>8</u> Rng <u>14</u>
	Distance Direction Nearest Town <u>5</u> Miles <u>W</u> of <u>BAY ST LOUIS</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2</u>
Date Pump Installed: <u>9/8/04</u>	Setting Depth: <u>20'</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9/8/04</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>12</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>25</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>13</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	

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

ROBERT NECAISE 0660  
 Print Name of Pump Installer and License No. (if applicable)

Robert Necaise  
 Signature of Pump Installer

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 OCT 07 2004  
 BY: OLWR