

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 #: A-76
L. S. Elevation: _____
B-log #: _____

County: Harrison
Permit #: _____
Driller: R. Mason
Date drilling completed: 1-20-05

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>Steve Pigue</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Red Oak Rd</u> <u>Sulphur</u> <u>MS 39521</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	1/4 _____ 1/4 Sec: <u>34</u> Twp: <u>5.5</u> Rng: <u>70W</u>
Telephone No. () <u>864-1233</u>	Distance _____ Direction _____ Nearest Town _____ <u>10</u> Miles <u>W</u> of <u>Dyers</u>

Well Data

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

Date well drilling started: 1-20-05 Date well drilling completed: 1-20-05

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

Static Water Level: 110 feet above or below (circle one) land surface Date measured: 1-20-05

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

Hole depth: 330 Well depth: 320 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 320 feet Casing diameter: 4 1/2 inches Type of casing: PRC

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

Screen slot size: .006 inches Setting depth: From 320 feet to 330 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.

Dwight Mason 0209
Print Name of Water Well Contractor and License No.

Dwight Mason
Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

Ground Level

A-76

Description of Formations Encountered	From	To
Top soil	6	9
clay	9	20
hard clay	20	28
fine sand	28	40
fine sand	40	50
coarse sand	50	55

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: Steve Piqure

Dez K. Mc...
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 #: A-76

Elevation: _____

County: Harrison
Permit #: _____
Driller: R. Mason
Date completed: 1-20-05

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>Steve P. Que</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Bed Oak Rd</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>Spt</u>	_____ 1/4 _____ 1/4 Sec <u>34</u> Twn <u>5S</u> R. <u>913W</u>
City: _____ State: <u>MS</u> Zip Code: <u>39501</u>	Distance _____ Direction _____ Nearest Town _____
Telephone No.: <u>601-6733</u>	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u> <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____	<input type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill Other (specify): _____ Horse Power Rating of Motor: <u>1 1/2</u> Setting Depth: <u>130</u> feet Number of Stages: <u>12</u>
Date Pump Installed: <u>1-21-05</u>	
Rated Pump Capacity: <u>13</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-21-05</u>	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape Other (specify): <u>Plumbob</u>
Static Water Level (A): <u>110</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Pumping Water Level (B): <u>130</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Drawdown [(B) - (A)]: <u>0</u> Feet Below Land Surface	
Test Pumping Rate: <u>13</u> Gallons Per Minute	
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.

Dwight Mason 0-209 [Signature]
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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FEB 23 2005
BY: OLWR