

Well & Pump

# 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)

County: Harrison  
 Permit #: 0-209  
 Driller: R. Henson  
 Date drilling completed: 4-22-05

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: B-269  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

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>Rody Daniels</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>21441 Pete Hickman</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Sumner</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>MS 39574</u>	<u>1/4 1/4 Sec 10 Twn 5S Rng 12W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) <u>239-4464</u>	<u>5</u> Miles <u>NW</u> of <u>Sumner</u>

**Well Data**

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

Date well drilling started: 4-22-05 Date well drilling completed: \_\_\_\_\_

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

Static Water Level: 75 feet above or below (circle one) land surface Date measured: 4-22-05

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

Hole depth: 190 Well depth: 190 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix Tile Plug

Casing length: 180 feet Casing diameter: 2 inches Type of casing: PVC

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

Screen slot size: .006 inches Setting depth: From 180 feet to 190 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 Henson 0-209 \_\_\_\_\_  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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BY: OLWB

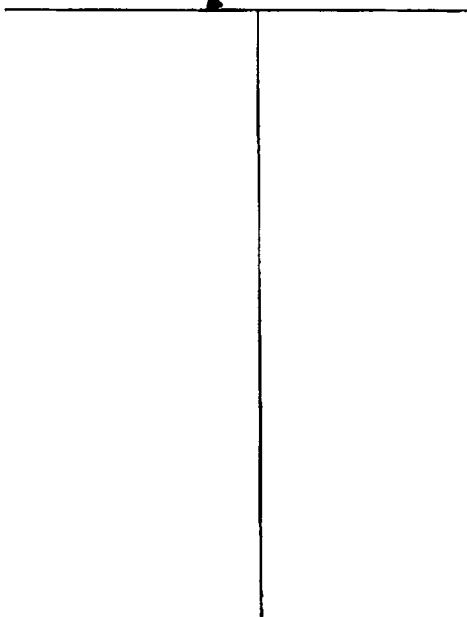
B-269

The sketch below only required for water wells.

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.

Ground Level \_\_\_\_\_



Description of Formations Encountered	From (depth)	To (depth)
Topsoil	Ground Level	3
Red Clay	3	25
White Sand & Gravel	25	35
Soft Blue Clay	35	75
Hard Blue Clay	75	175
Ground water sand	175	190

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) a north arrow.

Landowner Name: Ray Daniels

Form: OLWR-SWR-1A

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Dwight Hason 0-209 4-22-05 Dwight Hason  
Print Name of Responsible Licensee and License No. Date Signature of Licensee

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Well # Pump

# 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: Harrison  
 Permit #: 0-209  
 Driller: R. Mason  
 Date completed: 4-22-05

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: B-269  
 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>Roy Daniels</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>21441 Pete Hickman Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Sauvion</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>MS</u> <u>39574</u>	<u>1/4</u> <u>1/4</u> Sec <u>10</u> Twn <u>5S</u> Rng <u>12W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. ( ) <u>239-4464</u>	<u>5</u> Miles <u>NW</u> of <u>Sauvion</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> <u>Jet</u> <input type="radio"/> Submersible	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>4-22-05</u>	Setting Depth: <u>90</u> feet
Rated Pump Capacity: <u>7</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-22-05</u>	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>75</u> Feet Below Land Surface	Other (specify): <u>Plumb Bob</u>
Pumping Water Level (B): <u>75</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>0</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>7</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 Dwight Mason  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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