

State Well Report

Part I

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-364
L. S. Elevation: _____
E-log #: _____

County: Harrison
Permit #: 0-209
Driller: R. Mason
Date drilling completed: 5/10/05

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 Biau</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u> Hwy 67 @ Rd 508</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>Sauvica, MS 39574</u>	<u>1/4</u>	<u>1/4 Sec 11</u>	<u>Town 55</u> <u>Range 16W</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>6</u> Miles	Direction: <u>SE</u>	Nearest Town: <u>Sauvica</u>
Telephone No. () _____			
Well Data			
Purpose of Well (circle one): <input checked="" type="radio"/> Home <input type="radio"/> Industrial <input type="radio"/> Public Supply <input type="radio"/> Irrigation <input type="radio"/> Fish Culture <input type="radio"/> Other: _____			
Date well drilling started: <u>5/10/05</u>		Date well drilling completed: _____	
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>52</u> feet above or below (circle one) land surface		Date measured: <u>5/10/05</u>	
Method of Measurement (circle one): <input type="radio"/> steel tape <input type="radio"/> electric tape <input type="radio"/> air line <input type="radio"/> other: <u>Plumb Bob</u>			
Hole depth: <u>130</u>	Well depth: <u>130</u>	Well grouted to a depth of: <u>15</u> feet	
Type of grout (circle one): <input type="radio"/> Cement <input type="radio"/> Bentonite <input type="radio"/> Mix <u>Hole Plug</u>			
Casing length: <u>120</u> feet	Casing diameter: <u>4</u> inches	Type of casing: <u>PVC</u>	
Screen length: <u>10</u> feet	Screen diameter: <u>2</u> inches	Type of screen: <u>PVC</u>	
Screen slot size: <u>.006</u> inches	Setting depth: From <u>120</u> feet to <u>130</u> feet		
Type of completion (circle all applicable): <input type="radio"/> Gravel packed <input type="radio"/> Underreamed <input type="radio"/> Telescoped <input type="radio"/> Open hole <input checked="" type="radio"/> 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): <input type="radio"/> No log run <input type="radio"/> Electric <input type="radio"/> Gamma Ray <input type="radio"/> Density <input type="radio"/> Sonic <input type="radio"/> Neutron <input type="radio"/> 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.			
<u>Dwight Mason 0-209</u>		<u>Dwight Mason</u>	
Print Name of Water Well Contractor and License No.		Signature of Water Well Contractor	

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-364

Elevation: _____

County: Harrison
Permit #: 0-209
Driller: R. Mason
Date completed: 5/10/05

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 Vian</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Highway 67 @ Rd 508</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey,
<u>Seucien MS 39564</u>	<input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>11</u> Twn <u>55</u> Rng <u>116</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>6</u> Miles <u>SE</u> of <u>Seucien</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <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 HP</u>
Date Pump Installed: <u>5/10/05</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>14</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5/10/05</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>82</u> Feet Below Land Surface	Other (specify): <u>Plumb Bob</u>
Pumping Water Level (B): <u>65</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>3</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>14</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
Print Name of Pump Installer and License No. (if applicable)

Dwight Mason
Signature of Pump Installer