

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 #: D-68
L. S. Elevation: _____
B-log #: _____

County: Harrison
Permit #: 0-209
Driller: R. Mason
Date drilling completed: 5/16/05

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>David Quare</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>14909</u> <u>Blackwell Farm Rd</u> <u>Sauvies MS 39574</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. <u>(228)</u>	<u>4</u> <u>1/4</u> Sec <u>2E</u> Twp <u>5S</u> Rng <u>10W</u>
	Distance Direction Nearest Town <u>2</u> Miles <u>E</u> of <u>Sauvies</u>

Well Data

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

Date well drilling started: 5/16/05 Date well drilling completed: _____

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

Static Water Level: 122 feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 440 Well depth: 440 Well grouted to a depth of 15 feet

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

Casing length: 430 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 430 feet to 440 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): _____

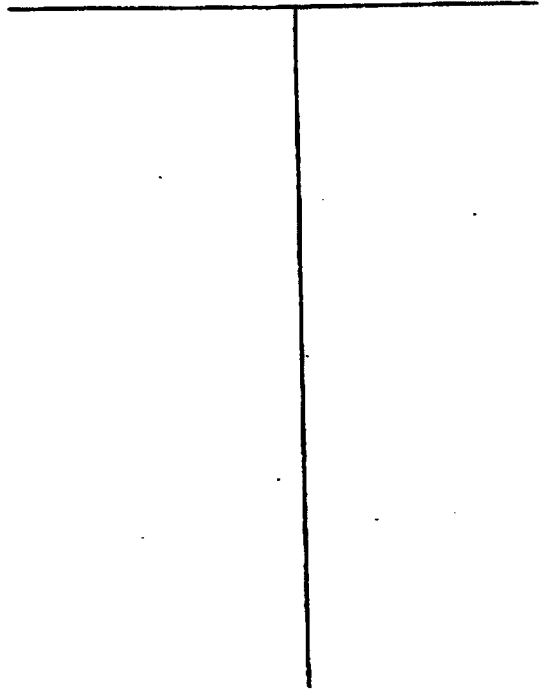
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Dwight Mason 0-209
Print Name of Water Well Contractor and License No.

Dwight Mason
Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

Ground Level



D-68

Description of Formations Encountered	From	To
Top Soil	1	2
Red Clay	2	35
Sandy Sand	35	55
Silt Clay	55	205
Hard Blue Clay	205	410
Fine white Sand	410	440
Coarse white Sand	440	440

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: David Quave

Robert Martin
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 #: D-68

Elevation: _____

County: _____
 Permit #: 0-209
 Driller: R. Mason
 Date completed: 5/16/05

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>David Quave</u> Mailing Address: <u>14909</u> <u>Blackwell Farm Road</u> <u>Sucoter, Ms 39574</u> City State Zip Code Telephone No. () - -	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS 1/4 _____ 1/4 Sec <u>20</u> Twn <u>5S</u> Rng <u>10W</u> Distance Direction Nearest Town <u>2 Miles</u> <u>E</u> of <u>Sucoter</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Jet <input type="radio"/> Submersible Bucket <input type="radio"/> Piston <input type="radio"/> Turbine Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well Other (specify): _____ Date Pump Installed: <u>5/16/05</u> Rated Pump Capacity: <u>11</u> Gallons Per Minute	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO Windmill <input type="radio"/> Other (specify): _____ Horse Power Rating of Motor: <u>2 HP</u> Setting Depth: <u>140</u> feet Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5/16/05</u> Static Water Level (A): <u>122</u> Feet Below Land Surface Pumping Water Level (B): <u>122</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>0</u> Feet Below Land Surface Test Pumping Rate: <u>7</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape Other (specify): <u>Plumb Bob</u> For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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