

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 #: E-165
 L. S. Elevation: _____
 E-log #: _____

County: Harrison
 Permit #: _____
 Driller: ROBERT NECAISE
 Date drilling completed: 2-19-05

Necaise Well Services

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>Tap Shows</u>	Latitude: _____ Longitude: _____
Mailing Address: <u> Hwy 53</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>SAUCIER MS 39503</u> City State Zip Code	<u> 1/4 1/4 Sec 2 Twn 6S Rng 13W</u>
Telephone No. (_____) _____	Distance <u>1</u> Miles Direction <u>NW</u> of Nearest Town <u>Suzanne</u>

Well Data

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

Date well drilling started: 2-19-05 Date well drilling completed: 2-15-05

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

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 2-15-05

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

Hole depth: 220 Well depth: 220 Well grouted to a depth of 10 feet

Type of grout (circle one) Cement Bentonite Mix

Casing length: 200 feet Casing diameter: 3 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 200 feet to 220 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
 Print Name of Water Well Contractor and License No.

Robert A. Necaise
 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)

County: Harrison
 Permit #: _____
 Driller: ROBERT NECAISE
 Date completed: 2-21-05

For Office Use Only:
 Aquifer: _____
 Well #: E-165
 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

Owner Name: Tay Shaves
 Mailing Address: _____
SAUCIER MS 39574
 City State Zip Code
 Telephone No. () _____

Well Location

Latitude: _____ Longitude: _____
 Method of Lat/Long (circle one): Conventional Survey.
 USGS quad, Hand-held GPS. Survey-grade GPS
 _____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng _____
 Distance _____ Direction _____ Nearest Town _____
 _____ Miles _____ of _____

Pump Type
 Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 2-25-05
 Rated Pump Capacity: 20 Gallons Per Minute

Power Type
 Circle one

Diesel Engine Gasoline Engine Natural Gas
Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____
 Horse Power Rating of Motor: 1 1/2
 Setting Depth: _____ feet
 Number of Stages: _____

Pump Test Data

Date Well Tested: _____
 Static Water Level (A): 90 Feet Below Land Surface
 Pumping Water Level (B): 120 Feet Below Land Surface
 Drawdown [(B) - (A)]: 40 Feet Below Land Surface
 Test Pumping Rate: _____ Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): _____ hours

Method of Measuring Water Level
 Circle one

Air Line Electric Measuring Line Steel Tape
 Other (specify): _____
 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.

ROBERT NECAISE 06660
 Print Name of Pump Installer and License No. (if applicable)

Robert N
 Signature of Pump Installer