

# 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 #: F-459  
L. S. Elevation: \_\_\_\_\_  
B-log #: \_\_\_\_\_

County: Harrison  
Permit #: \_\_\_\_\_  
Driller: R Mason  
Date drilling completed: 1-6-05

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>Robert Minnis</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>Mary Shammus</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS		
<u>MS 39503</u>	<u>1/4</u> <u>1/4</u> Sec. <u>2</u> Twp. <u>6S</u> Rng. <u>12W</u>		
City _____ State _____ Zip Code _____	Distance _____ Miles	Direction _____ of	Nearest Town _____
Telephone No. ( ) <u>596-2164</u>			
Well Data			
Purpose of Well (circle one): <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____			
Date well drilling started: <u>1-6-05</u>		Date well drilling completed: <u>1-6-05</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>70</u> feet above or below (circle one) land surface		Date measured: <u>1-6-05</u>	
Method of Measurement (circle one): steel tape electric tape air line other: <u>Plumb Bob</u>			
Hole depth: <u>320</u> Well depth: <u>310</u>		Well grouted to a depth of <u>15</u> feet	
Type of grout (circle one): Cement Bentonite <u>Mix</u>			
Casing length: <u>310</u> feet		Casing diameter: <u>2</u> inches	
Screen length: <u>10</u> feet		Screen diameter: <u>2</u> inches	
Screen slot size: <u>.006</u> inches		Setting depth: From <u>310</u> feet to <u>320</u> feet	
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u>			
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.			
<u>Dwight Mason 0-209</u>		<u>Dwight Mason</u>	
Print Name of Water Well Contractor and License No.		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)

County: R Mason  
 Permit #: \_\_\_\_\_  
 Driller: R Mason  
 Date completed: 1-6-05

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: F-459  
 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>Robert M. Minnis</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Maple Shennisis</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>Rte</u>	<input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>MS 39503</u>	<u>1/4</u> <u>1/4</u> Sec. <u>2</u> Twn. <u>65</u> Rng. <u>12W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. <u>596-2164</u>	<u>7</u> Miles <u>W</u> of <u>Spt</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<input checked="" type="radio"/> Electric Motor <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>1-7-05</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>9</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-7-05</u>	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>90</u> Feet Below Land Surface	Other (specify): <u>Plumb Bob</u>
Pumping Water Level (B): <u>80</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>9</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 Maen 0-209 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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FEB 23 2005

BY: OLWF