

# 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 #: F-463  
 L. S. Elevation: \_\_\_\_\_  
 S-log #: \_\_\_\_\_

County: Harrison  
 Permit #: O-209  
 Driller: R. Mason  
 Date drilling completed: 5/15/05

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>Jack Luttrell Little</u>	Latitude: _____ Longitude: _____	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	
Mailing Address: <u>9501 Audrey St</u>	<u>1/4</u> <u>1/4</u> Sec <u>25</u> Twp <u>6S</u> Rng <u>12W</u>	Distance _____ Miles Direction <u>NW</u> of Nearest Town <u>Gulfport</u>	
<u>Gulfport, MS</u> City State Zip Code	Telephone No. ( ) <u>363-0580</u>	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>5/15/05</u> Date well drilling completed: _____			
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>85</u> feet above or below (circle one) land surface Date measured: <u>5/15/05</u>			
Method of Measurement (circle one) <input type="radio"/> steel tape <input type="radio"/> electric tape <input type="radio"/> air line other: <u>Plumb Bob</u>			
Hole depth: <u>560</u> Well depth: <u>560</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>540</u> feet Casing diameter: <u>4x2</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>540</u> feet to <u>560</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.			
Print Name of Water Well Contractor and License No. <u>Dwight Mason O-209</u>		Signature of Water Well Contractor <u>Dwight Mason</u>	



# 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: 5/15/05

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: F-463  
 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>Jack Latche</u> Mailing Address: <u>9501 Audrey St</u> <u>Gulfport, MS</u> City State Zip Code Telephone No. ( ) <u>363-0580</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <u>Conventional Survey</u> , <u>USGS quad, Hand-held GPS, Survey-grade GPS</u> _____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng _____ Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift      Jet <u>Submersible</u> Bucket      Piston      Turbine Centrifugal      Rotary      Flowing Well Other (specify): _____ Date Pump Installed: <u>5/15/05</u> Rated Pump Capacity: <u>14</u> Gallons Per Minute	Diesel Engine      Gasoline Engine      Natural Gas <u>Electric Motor</u> Hand      Tractor PTO Windmill      Other (specify): _____ Horse Power Rating of Motor: <u>1 HP</u> Setting Depth: <u>120</u> feet Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5/15/05</u> Static Water Level (A): <u>85</u> Feet Below Land Surface Pumping Water Level (B): <u>88</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>3</u> Feet Below Land Surface Test Pumping Rate: <u>14</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Air Line      Electric Measuring Line      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)      Signature of Pump Installer