

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 #: G-505 47
L. S. Elevation: _____
E-log #: _____

County: Harrison 047
Permit #: _____
Driller: R. Mason
Date drilling completed: 10-11-04

Mason Water Wells, 22c

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>Mr. Rick Hall</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>13611 Three Rivers</u>	Method of Lat/Long (circle one): <input checked="" type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS		
<u>Gulfport MS</u>	<u>1/4</u> <u>1/4</u> Sec <u>26</u> Twn <u>6S</u> Rng <u>1W</u>		
<u>39501</u>	Distance: <u>3</u> Miles	Direction: <u>6</u>	Nearest Town: <u>Gulfport</u>
City: _____ State: _____ Zip Code: _____			
Telephone No. () <u>831-5825</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 completed: <u>10-11-04</u>		
Date well drilling started: <u>10-11-04</u>	If flowing, method of flow regulation: Valve _____ Other (describe) _____		
Static Water Level: <u>100</u> feet above or below (circle one) <input checked="" type="radio"/> land surface <input type="radio"/> Date measured: <u>10-11-04</u>	Method of Measurement (circle one): <input checked="" type="radio"/> steel tape <input type="radio"/> electric tape <input type="radio"/> air line <input type="radio"/> other: <u>Plumb</u>		
Hole depth: <u>470</u> Well depth: <u>460</u>	Well grouted to a depth of <u>15</u> feet		
Type of grout (circle one): <input checked="" type="radio"/> Cement <input checked="" type="radio"/> Bentonite <input type="radio"/> Mix	Type of casing: <u>PVC</u>		
Casing length: <u>460</u> feet Casing diameter: <u>2</u> inches	Type of screen: <u>PVC</u>		
Screen length: <u>10</u> feet Screen diameter: <u>2</u> inches	Screen slot size: <u>.004</u> inches		
Setting depth: From <u>460</u> feet to <u>470</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 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 0-209</u>		Signature of Water Well Contractor <u>Dwight Mason</u>	

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BY: OLWR

* no pumpset

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: R Mason
 Date completed: 10-11-04

For Office Use Only:
 Aquifer: _____
 Well #: G-505
 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: <u>Al Kirk Stalls</u> Mailing Address: <u>13611 Three Rivers</u> <u>Georgetown</u> <u>MS 39501</u> City State Zip Code Telephone No. () <u>831-5825</u>		Well Location Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <input checked="" type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>36</u> Twn <u>63</u> Rng <u>11W</u> Distance Direction Nearest Town <u>3</u> Miles <u>East</u> of <u>Georgetown</u>	
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Pump 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>10-12-04</u> Rated Pump Capacity: <u>13</u> Gallons Per Minute	Power Type Circle one 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>2HP Used</u> Setting Depth: <u>120</u> feet Number of Stages: <u>4</u>
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Pump Test Data Date Well Tested: <u>10-12-04</u> Static Water Level (A): <u>100</u> Feet Below Land Surface Pumping Water Level (B): <u>120</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>20</u> Feet Below Land Surface Test Pumping Rate: <u>13</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Method of Measuring Water Level Circle one 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
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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

used his pump + tank