

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-506
 L. S. Elevation: _____
 E-log #: _____

47

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>Seiger H + A</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>14471 Hwy 49</u> <u>Geulport</u> <u>MS 39574</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	_____ 1/4 _____ 1/4 Sec <u>29</u> Twn <u>6S</u> Rng <u>11W</u>
Telephone No. () <u>832-2465</u>	Distance _____ Direction _____ Nearest Town _____ <u>New Ma</u> of <u>Geulport</u>

Well Data

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

Date well drilling started: 11-3-04 Date well drilling completed: 11-3-04

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 11-3-04

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

Hole depth: 240 Well depth: 230 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 230 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 230 feet to 240 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

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If well telescopes please sketch below and show depths.

Ground Level

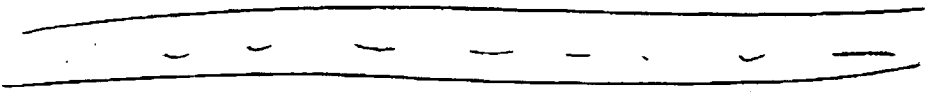
G-506



Description of Formations Encountered	From	To
TOPSOIL	1	3
clay	3	40
fine sand	40	110
blue clay	110	180
Hard blue clay	180	200
fine sand	200	210
course sand	210	220

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: Beizer H-A

Daryl Mc...
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: Harrison
 Permit #: _____
 Driller: R Mason
 Date completed: 11-3-04

For Office Use Only:
 Aquifer: _____
 Well #: E-506 47
 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>Seiger H.A.</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>14471 Hwy 49</u>	Method of Lat/Long (circle one): Conventional Survey,		
<u>Shelby</u>	USGS quad, Hand-held GPS, Survey-grade GPS		
<u>MS 39564</u>	_____ 1/4 _____ 1/4 Sec <u>29</u>	Twp <u>65</u>	Rng <u>11W</u>
City _____ State _____ Zip Code _____	Distance _____ Miles	Direction _____	Nearest Town _____
Telephone No. <u>() 832-2465</u>	<u>New</u> of <u>Spot</u>		

Pump Type Circle one			Power Type Circle one		
Air Lift	<input checked="" type="radio"/> Jet	Submersible	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	Turbine	<input checked="" type="radio"/> Electric Motor	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: <u>1</u>		
Date Pump Installed: <u>11-3-04</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>11-4-04</u>	Static Water Level (A): <u>60</u> Feet Below Land Surface	Air Line	Electric Measuring Line
Pumping Water Level (B): <u>80</u> Feet Below Land Surface	Drawdown [(B) - (A)]: <u>0</u> Feet Below Land Surface	Steel Tape	
Test Pumping Rate: <u>9</u> Gallons Per Minute	Duration of Pump Test (minimum 4 hours): <u>4</u> hours	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

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 BY: OLWR