

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-510
L. S. Elevation: _____
E-log #: _____

County: Harrison
Permit #: _____
Driller: ROBERT NECAISE
Date drilling completed: 2-22-05

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>WAYNE NIX</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Luapkin Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey.</u>
<u>GPT.</u> <u>MS</u> <u>39503</u>	USGS quad. Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>30</u> Twn <u>6S</u> Rng <u>11W</u>
Telephone No. (____)	Distance Direction Nearest Town
	<u>1</u> Miles <u>W</u> of <u>Lynum</u>

Well Data

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

Date well drilling started: 2-22-05 Date well drilling completed: 2-22-05

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

Static Water Level: 85 feet above or below (circle one) land surface Date measured: 2-22-05

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

Hole depth: 460 Well depth: 460 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 440 feet Casing diameter: 3 inches Type of casing: PVC

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

Screen slot size: 1.006 inches Setting depth: From 440 feet to 460 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

Top of tap 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: 2-22-05

For Office Use Only:
 Aquifer: _____
 Well #: G-510
 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>WAYNE NIX</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Lumpkin Ala</u>	Method of Lat/Long (circle one): Conventional Survey
<u>GRE MS 39503</u>	USGS quad. Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng _____
Telephone No. () _____	Distance Direction Nearest Town
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2</u>
Date Pump Installed: <u>2-22-05</u>	Setting Depth: _____ feet
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-22-05</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u>
Static Water Level (A): <u>95</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>120</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): <u>25</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

ROBERT NECAISE 0660
 Print Name of Pump Installer and License No. (if applicable)

Robert N
 Signature of Pump Installer