

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-511
 L. S. Elevation: _____
 B-log #: _____

County: Harrison
 Permit #: 0-209 GW/5918
 Driller: R. Mason
 Date drilling completed: 5/12/05

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>John Williams</u> Mailing Address: <u>18128 Huff 49 Lot 1</u> <u>Saraland, MS</u> City: _____ State: _____ Zip Code: <u>39574</u> Telephone No. (228) <u>832-2633</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS <u>14</u> <u>14</u> Sec <u>5</u> Twp <u>6S</u> Rng <u>16E</u> Distance: <u>1.5</u> Miles Direction: <u>N</u> of Nearest Town: <u>Lyon</u>

Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other: Commercial
 Date well drilling started: 5/12/05 Date well drilling completed: _____
 If flowing, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 68 feet above or below (circle one) land surface Date measured: _____
 Method of Measurement (circle one): steel tape electric tape air line other: Plumb Bob
 Hole depth: 528 Well depth: 528 Well grouted to a depth of 15 feet
 Type of grout (circle one): Cement Bentonite Mix Hole Plug
 Casing length: 508 feet Casing diameter: 8x6 inches Type of casing: Steel
 Screen length: 40 feet Screen diameter: 6 inches Type of screen: Stainless Steel
 Screen slot size: .008 inches Setting depth: From 488 feet to 528 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
 Log 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 under the Mississippi Department of Health regulations and state laws.
Dwight Mason 0-209 _____
 Print Name of Water Well Contractor and License No. 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)

For Office Use Only:

Aquifer: _____

Well #: G-511

Elevation: _____

County: Harrison
Permit #: 0-209 OW 15918
Driller: R. Mason
Date completed: 5/12/05

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>William Trader Park</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>18128 Hwy 49</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Seneca, MS 39574</u> City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>9</u> Twn <u>6S</u> Rng <u>11W</u>
Telephone No. <u>(228) 832-2633</u>	Distance Direction Nearest Town <u>1.5</u> Miles <u>N</u> of <u>Lynwood</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>20 HP</u>
Date Pump Installed: <u>5/12/05</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>205</u> Gallons Per Minute	Number of Stages: <u>4</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5/12/05</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>68</u> Feet Below Land Surface	Other (specify): <u>Plumb Bob</u>
Pumping Water Level (B): <u>78</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>225</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 Mason 0-209
Print Name of Pump Installer and License No. (if applicable)

Dwight Mason
Signature of Pump Installer