

### 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 #: H-508 047  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: N Harrison  
 Permit #: \_\_\_\_\_  
 Driller: R. Mason  
 Date drilling completed: 9.30.04

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>Serena Cook</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>81254 Sparrow</u>	Method of Lat/Long (circle one): Conventional Survey
<u>Biloxi</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>MS 39532</u>	<u>36-15</u> <u>10W</u> <u>10W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) <u>861-2410</u>	_____ Miles _____ of _____

#### Well Data

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

Date well drilling started: 9.30.04 Date well drilling completed: 9.30.04

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

Static Water Level: 70 feet above or below (circle one) land surface Date measured: 9.30.04

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

Hole depth: 420 Well depth: 410 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 410 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 410 feet to 420 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 0209  
 Print Name of Water Well Contractor and License No.

Dwight Mason  
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.


Ground Level

H - 508

Description of Formations Encountered	From	To

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 Gormey Cook

Regis Herr  
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: B. Mason  
 Date completed: 9-30-04

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: H-508  
 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>Jeremy Cook</u> Mailing Address: <u>81254 Sparrow</u> <u>Biloxi, MS</u> <u>39532</u> City State Zip Code Telephone No. <u>(601) 861-2140</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec. <u>36</u> Twn. <u>65</u> Rng. <u>10W</u> Distance Direction Nearest Town _____ Miles _____ of _____

Pump Type Circle one	Power 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>9-30-04</u> Rated Pump Capacity: <u>14</u> Gallons Per Minute	Diesel Engine <input checked="" type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas Electric Motor <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO Windmill <input type="radio"/> Other (specify): _____ Horse Power Rating of Motor: <u>1 HP</u> Setting Depth: <u>90</u> feet Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-30-04</u> Static Water Level (A): <u>70</u> Feet Below Land Surface Pumping Water Level (B): <u>90</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>0</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 <input type="radio"/> Electric Measuring Line <input checked="" type="radio"/> Steel Tape Other (specify): <u>Plumb</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 Dwight Mason  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer