

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)

County: Marion
 Permit #: _____
 Driller: R. Mason
 Date drilling completed: 11-15-04

For Office Use Only:
 Aquifer: _____
 Well #: H-515 47
 L. S. Elevation: _____
 E-log #: _____

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>Marion County</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Fire Dept.</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey
<u>May 15</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Biloxi, MS 39532</u>	<u>1/4</u> <u>1/4</u> Sec <u>20</u> Twn <u>105</u> Rng <u>9W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>() 896-0207</u>	<u>1</u> Miles <u>N</u> of <u>Atterville</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other Fire Dept

Date well drilling started: 11-15-04 Date well drilling completed: 11-15-04

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: Plumb Bob 11-15-04

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

Hole depth: 320 Well depth: 310 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 320 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 310 feet to 320 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.

D. J. Mason 0209 D. J. Mason
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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 BY: OLWR

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: 11-15-04

For Office Use Only:
 Aquifer: _____
 Well #: H-515
 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>Harrison County</u> Mailing Address: <u>Deer Dept</u> <u>Bellevue Hwy 15</u> <u>MS 38532</u> City State Zip Code Telephone No. () _____		Well Location Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>20</u> Twn <u>15</u> Rng <u>9W</u> Distance Direction Nearest Town <u>1</u> Miles <u>N</u> of <u>Bellevue</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>1</u> Rated Pump Capacity: <u>9</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>1</u> Setting Depth: <u>90</u> feet Number of Stages: <u>2</u>
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Pump Test Data Date Well Tested: <u>11-15-04</u> Static Water Level (A): <u>60</u> Feet Below Land Surface Pumping Water Level (B): <u>80</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>0</u> Feet Below Land Surface Test Pumping Rate: <u>9</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.

R. Mason
 Print Name of Pump Installer and License No. (if applicable)

R. Mason
 Signature of Pump Installer

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DEC 01 2004

BY: OLWR