

State Well Report

Part I

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 #: 2-326 47
L. S. Elevation: _____
E-log #: _____

County: HARRISON
Permit #: _____
Driller: R. Mason
Date drilling completed: 10-28-04

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.

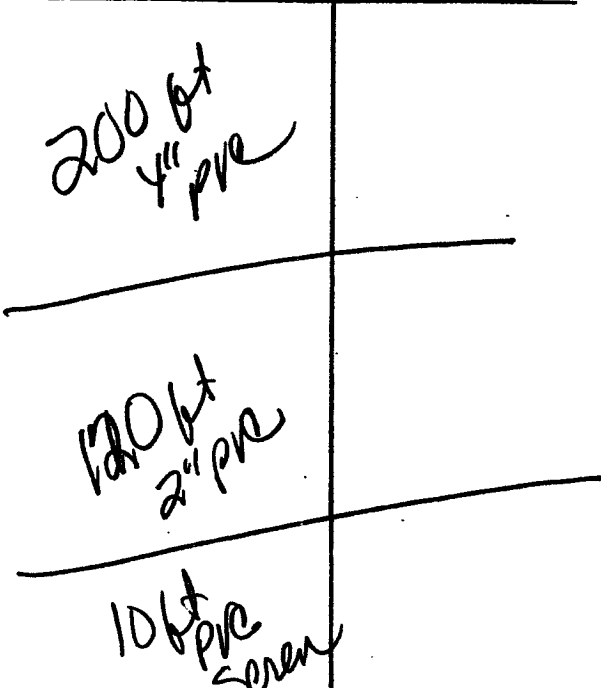
Well Owner Information		Well Location	
Owner Name: <u>Derrick Jarris</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>W. Dubson Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS		
<u>Pass Christian</u>	<u>1/4</u> <u>1/4</u> Sec: <u>19</u> Twn: <u>7S</u> Rng: <u>13W</u>	Distance: <u>3</u> Miles	Direction: <u>E</u> of Nearest Town: <u>KIN</u>
City: _____ State: _____ Zip Code: <u>MS 39571</u>			
Telephone No. <u>504 728-0154</u>			
Well Data			
Purpose of Well (circle one): <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____	Date well drilling started: <u>10-28-04</u> Date well drilling completed: <u>10-28-04</u>		
If flowing, method of flow regulation: Valve _____ Other (describe) _____	Static Water Level: <u>80</u> feet above or below (circle one) land surface Date measured: <u>10-28-04</u>		
Method of Measurement (circle one): steel tape electric tape air line other: <u>Plumb Bob</u>	Hole depth: <u>330</u> Well depth: <u>300</u> <u>320</u> Well grouted to a depth of <u>15</u> feet		
Type of grout (circle one): <u>Cement</u> <u>Bentonite</u> Mix	Casing length: <u>320</u> feet Casing diameter: <u>4 1/2</u> inches Type of casing: <u>P.V.C.</u>		
Screen length: <u>10</u> feet Screen diameter: <u>2</u> inches	Type of screen: <u>P.V.C.</u>		
Screen slot size: <u>.006</u> inches Setting depth: From <u>320</u> feet to <u>330</u> feet	Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u>		
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.			
<u>Dwight Mason</u> <u>0-209</u>		<u>[Signature]</u>	
Print Name of Water Well Contractor and License No.		Signature of Water Well Contractor	

47

If well telescopes please sketch below and show depths.

Ground Level

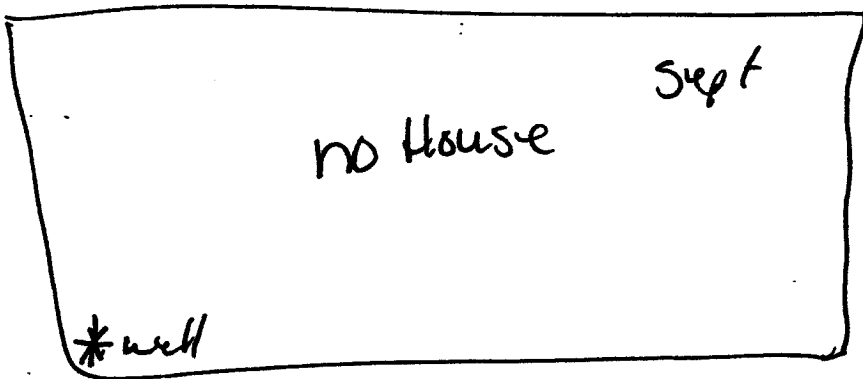
J-321p



Description of Formations Encountered	From	To
TOP SOIL	1	3
Red Clay	3	80
heavy sand	30	80
pink clay	90	120
blue clay	120	150
red clay	150	200
hard clay	200	220
fine sand	220	300
course sand	300	330

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.



RECEIVED
NOV 04 2004
BY: OLWR

Landowner Name: Derick Lewis

[Signature]
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 #: W-326

Elevation: _____

County: Harrison
 Permit #: _____
 Driller: R. Mason
 Date completed: 10.28.04

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>Derrick Larris</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>W. Dubson</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS.)
<u>Pass Christian MS</u> City State Zip Code	<u>1/4 1/4 Sec 19 Twn 75 Rng 13W</u>
Telephone No. <u>508 228-0154</u>	Distance Direction Nearest Town <u>3 Miles E of Kihl</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine <input type="radio"/>	<u>Electric Motor</u> <input checked="" type="radio"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u> _____
Date Pump Installed: <u>10.28.04</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>21</u> Gallons Per Minute	Number of Stages: <u>2</u>

RECEIVED
 NOV 04 2004
 BY: OLWR

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10.28.04</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>80</u> Feet Below Land Surface	Other (specify): <u>Plumb Bob</u>
Pumping Water Level (B): <u>100</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>0</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>21</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 D-209 Dwight Mason
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer