

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: Harrison
 Permit #: _____
 Driller: R. Mason
 Date drilling completed: 11-19-04

For Office Use Only:
 Aquifer: _____
 Well #: 5-327 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>Charles Cury</u> Mailing Address: <u>29214 Debrussein Pass Christian MS 39571</u> City: <u>MS</u> State: <u>MS</u> Zip Code: <u>39571</u> Telephone No.: <u>(601) 855-1666</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS <u>1/4</u> <u>1/4</u> Sec. <u>19</u> Twn. <u>75</u> Rng. <u>3W</u> Distance _____ Direction _____ Nearest Town _____ Miles _____ of _____
Well Data	
Purpose of Well (circle one): <input checked="" type="radio"/> Home <input type="radio"/> Industrial <input type="radio"/> Public Supply <input type="radio"/> Irrigation <input type="radio"/> Fish Culture <input type="radio"/> Other: _____	
Date well drilling started: <u>11-19-04</u> Date well drilling completed: <u>11-19-04</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>11-19-04</u>	
Method of Measurement (circle one): <input type="radio"/> steel tape <input type="radio"/> electric tape <input type="radio"/> air line other: <u>Plumb Bob</u>	
Hole depth: <u>420</u> Well depth: <u>410</u> Well grouted to a depth of <u>15</u> feet	
Type of grout (circle one): <input type="radio"/> Cement <input type="radio"/> Bentonite <input type="radio"/> Mix	
Casing length: <u>410</u> feet Casing diameter: <u>4x3</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>10</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>006</u> inches Setting depth: From <u>410</u> feet to <u>420</u> feet	
Type of completion (circle all applicable): <input type="radio"/> Gravel packed <input type="radio"/> Underreamed <input type="radio"/> Telescoped <input type="radio"/> Open hole <input checked="" type="radio"/> 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): <input type="radio"/> No log run <input type="radio"/> Electric <input type="radio"/> Gamma Ray <input type="radio"/> Density <input type="radio"/> Sonic <input type="radio"/> 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 0209</u> Print Name of Water Well Contractor and License No.	<u>Dwight Mason</u> 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: 11-19-04

For Office Use Only:
 Aquifer: _____
 Well #: D-327 (471)
 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>Charles Cery</u> Mailing Address: <u>2934 Quibussion Pass Christian MS 39571</u> City: <u>Pass Christian</u> State: <u>MS</u> Zip Code: <u>39571</u> Telephone No.: <u>255-1666</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>19</u> Twn <u>75</u> Rng <u>13W</u> Distance _____ Direction _____ Nearest Town _____ <u>Between Kilb and Deleh</u>

Pump Type Circle one	Power Type Circle one
Air Lift: <input type="radio"/> Jet <input checked="" type="radio"/> <u>Submersible</u> 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>11-20-04</u> Rated Pump Capacity: <u>13</u> Gallons Per Minute	Diesel Engine: <input type="radio"/> Gasoline Engine: <input type="radio"/> Natural Gas: <input type="radio"/> <input checked="" type="radio"/> <u>Electric Motor</u> <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>100</u> feet Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-20-04</u> Static Water Level (A): <u>80</u> Feet Below Land Surface Pumping Water Level (B): <u>100</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>0</u> Feet Below Land Surface Test Pumping Rate: <u>13</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: <input type="radio"/> 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

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

Doug Mason 0-2009 Print Name of Pump Installer and License No. (if applicable) Doug Mason Signature of Pump Installer

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