

# 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 #: R-0415  
L. S. Elevation: \_\_\_\_\_  
B-log #: \_\_\_\_\_

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County: Harrison  
Permit #: \_\_\_\_\_  
Driller: R. Mason  
Date drilling completed: 10-25-04

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>Joan Crawens</u>	Latitude: " " " Longitude: " " "
Mailing Address: <u>Candy Farm Rd</u> <u>Gulfport</u> <u>MS 39501</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>1/4</u> <u>1/4</u> Sec <u>4</u> Twn <u>7S</u> Rng <u>12W</u>
Telephone No. ( ) <u>297-3333</u>	Distance <u>3</u> Miles Direction <u>W</u> of Nearest Town <u>Gulfport</u>

**Well Data**

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

Date well drilling started: 10-20-04 Date well drilling completed: 10-25-04

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

Static Water Level: 100 feet above or below (circle one) land surface Date measured: 10-25-04

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

Hole depth: 560 Well depth: 550 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 550 feet Casing diameter: 4 1/2 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 550 feet to 560 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): \_\_\_\_\_

RECEIVED  
NOV 04 2004  
BY: OLWR

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 0-809  
Print Name of Water Well Contractor and License No.

Dwight Mason  
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 #: <u>K-415</u>
Elevation: _____	

County: <u>Harrison</u>	Permit #: _____
Driller: <u>R. Mason</u>	Date completed: <u>10.25.04</u>

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>Joan Crawens</u> Mailing Address: <u>County Jail Rd</u> <u>Gulfport</u> <u>MS 39501</u> City State Zip Code Telephone No. ( ) <u>297-3333</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>4</u> Twn <u>75</u> Rng <u>12W</u> Distance Direction Nearest Town <u>3</u> Miles <u>W</u> of <u>Gulfport</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> Submersible Bucket Piston <input type="radio"/> Turbine Centrifugal Rotary <input type="radio"/> Flowing Well Other (specify): _____ Date Pump Installed: <u>10.25.04</u> Rated Pump Capacity: _____ Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <input checked="" type="radio"/> Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>1</u> <b>RECEIVED</b> Setting Depth: <u>130</u> feet <b>NOV 04 2004</b> Number of Stages: <u>2</u> <b>BY: OLWR</b>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10.25.04</u> Static Water Level (A): <u>100</u> Feet Below Land Surface Pumping Water Level (B): <u>130</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>0</u> Feet Below Land Surface Test Pumping Rate: <u>21</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Air Line Electric Measuring Line Steel Tape Other (specify): <u>Plum 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.

<u>Dwight Mason 0209</u> Print Name of Pump Installer and License No. (if applicable)	<u>Dwight Mason</u> Signature of Pump Installer
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