

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: 11-11-04

For Office Use Only:
 Aquifer: _____
 Well #: K-416 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>Jim Smith Williams</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>7157 Smith Rd</u>	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>Long Beach</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: <u>MS</u> State: <u>MS</u> Zip Code: <u>39563</u>	1/4 Sec <u>34</u> Twn <u>75</u> Rng <u>12W</u>
Telephone No. () <u>863-8579</u>	Distance _____ Miles Direction <u>N</u> of Nearest Town <u>Long Beach</u>

Well Data

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

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

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

Static Water Level: 70 feet above or below (circle one) land surface Date measured: 11-11-04

Method of Measurement (circle one): steel tape electric tape six line other: Plum Bob

Hole depth: 600 Well depth: 590 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 590 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 590 feet to 600 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.

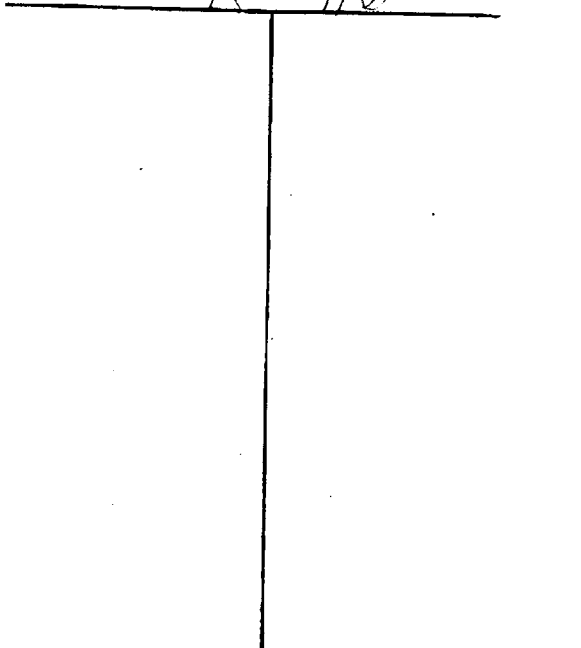
Deirdre Mason 0-209 _____ Deirdre Mason
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

Ground Level

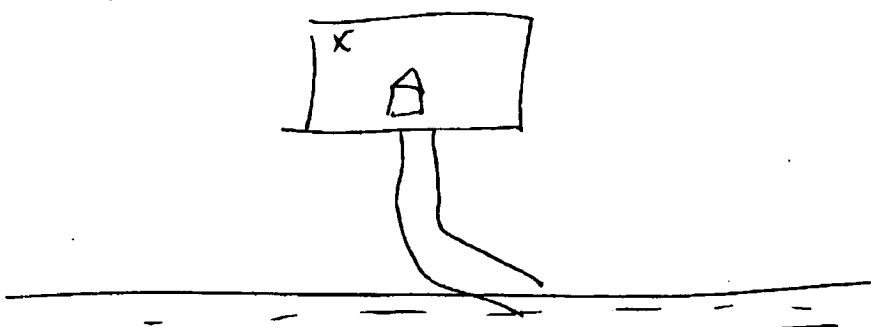
K-416



Description of Formations Encountered	From	To
TOP	0	9
Soft clay	9	21
Hard clay	21	80
fine sand	80	170
red clay	170	360
Hard clay	360	340
sand	340	405
fine fine sand	405	520
course sand	520	570
clay	570	560
best sand	560	590
course well sand	590	680

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: Jim Williams

Signature of Water Well Contractor: [Handwritten Signature]

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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. Maxon
 Date completed: 11-11-04

For Office Use Only:
 Aquifer: _____
 Well #: K-416
 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>Jim Williams</u> Mailing Address: <u>7157 Smith Rd</u> <u>Long Beach</u> <u>MS</u> <u>39523</u> City State Zip Code Telephone No. () <u>863-8579</u>		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>34</u> Twn <u>25</u> Rng <u>12W</u> Distance _____ Direction _____ Nearest Town _____ <u>1</u> Miles <u>N</u> of <u>Long Beach</u>	
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Pump Type Circle one Air Lift <input type="radio"/> Jet <input checked="" 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>11-11-04</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 _____ 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>11-11-04</u> Static Water Level (A): <u>70</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</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.
 Print Name of Pump Installer and License No. (if applicable): Ray Maxon 0-209
 Signature of Pump Installer: Ray Maxon

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