

# 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 #: L-743  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Harrison  
Permit #: 0-209  
Driller: R. Mason  
Date drilling completed: 5/3/05

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>Billy Campbell</u>                          | Latitude: _____ Longitude: _____  |
| Mailing Address: <u>19404 Landon Rd</u><br><u>Gulfport</u> | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>MS</u> <u>395</u><br>City State Zip Code                | <u>14</u> <u>14</u> Sec <u>17</u> Twn <u>7S</u> Rng <u>11W</u>                                      |
| Telephone No. <u>(228) 832-5220</u>                        | Distance Direction Nearest Town<br><u>3</u> Miles <u>N</u> of <u>Longbeach</u>                      |

**Well Data**

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

Date well drilling started: 5/3/05 Date well drilling completed: \_\_\_\_\_

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

Static Water Level: 67 feet above or below (circle one) land surface Date measured: 5/3/05

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

Hole depth: 200 Well depth: 200 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix Hole Plug

Casing length: 190 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 190 feet to 200 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.

Dwight Mason 0-209 \_\_\_\_\_  
Print Name of Water Well Contractor and License No. 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)

County: \_\_\_\_\_  
 Permit #: 0-209  
 Driller: R. Mason  
 Date completed: \_\_\_\_\_

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: L-743  
 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>Billy Campbell</u>        | Latitude: _____ Longitude: _____  |
| Mailing Address: _____<br>_____<br>_____ | Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey,<br><input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS |
| City _____ State _____ Zip Code _____    | _____ 1/4 _____ 1/4 Sec. <u>17</u> Twn <u>7S</u> Rng <u>11W</u>   |
| Telephone No. (____) _____               | Distance _____ Direction _____ Nearest Town _____<br>_____ Miles _____ of _____   |

| Pump Type<br>Circle one   | Power Type<br>Circle one   |
|---|--|
| Air Lift <input type="checkbox"/> <input checked="" type="radio"/> Jet <input type="checkbox"/> Submersible | Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas                        |
| Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>            | <input checked="" type="radio"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO |
| Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>  | Windmill <input type="checkbox"/> Other (specify): _____   |
| Other (specify): _____  | Horse Power Rating of Motor: <u>1</u>  |
| Date Pump Installed: <u>5/3/05</u>  | Setting Depth: <u>80</u> feet  |
| Rated Pump Capacity: <u>9</u> Gallons Per Minute  | Number of Stages: <u>2</u>   |

| Pump Test Data   | Method of Measuring Water Level<br>Circle one  |
|--|--|
| Date Well Tested: <u>5/3/05</u>                            | Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/> |
| Static Water Level (A): <u>67</u> Feet Below Land Surface  | Other (specify): <u>Plumb Bob</u>  |
| Pumping Water Level (B): <u>67</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>8</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 0-209 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer