

Well & Pump

State Well Report
Part 1 - Driller's Log

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 #: 0-209
Driller: R. Mason
Date drilling completed: 6/25/05

For Office Use Only:
Aquifer: _____
Well #: N-395
L. S. Elevation: _____
E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner
(Landowner if borehole is not for a water well)
Owner Name: W.C. Jones
Mailing Address: 14345 Avenge Ave
Vidalia Ala
Pass Christian MS 39571
City State Zip Code
Telephone No. (228) 452-9090

Well or Borehole Location
Latitude: _____ Longitude: _____
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS, Survey-grade GPS
____ 1/4 ____ 1/4 Sec 2 Twn 8 S Rng 13 W
13
Distance Direction Nearest Town
____ Miles ____ of Delisle

Well / Borehole Data
Date drilling started: 6/12/05 Date drilling completed: 6/25/05 Hole depth: 1550ft Hole diameter: 2 in
Location of the source of any surface water used for drilling: shop
Method of dosing and volume of Chlorine used in drilling and development: 3 gal per 2200 gal
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): _____
Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____
Seismic Survey _____ Other (describe) _____
If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check one): Home Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____
If a flowing well, method of flow regulation: Valve 2 Other (describe) _____
Static Water Level: flow well feet above or below (circle one) land surface Date measured: 6/25/05
Method of Measurement (circle one) steel tape electric tape air line other: plumb bob
Well depth: 1550 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 1530 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 0 feet to 1550 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 next page*

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 #: 0-209
 Driller: R. Mason
 Date completed: 6/25/05
Copy information from check on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: N-345
 Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>W.C. Jones</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>14345 Vidalia Ave</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Pass Christian, MS 39571</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>2</u> T <u>8 S</u> R <u>18 W</u>
Telephone No. <u>(228) 452-9090</u>	Distance Direction Nearest Town
	_____ Miles _____ of <u>DeLisle</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary <u>Flowing Well</u>	Windmill Other (specify): <u>None</u>
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>None</u>	Setting Depth: _____ feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6/25/05</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>flow well</u> Feet Below Land Surface	Other (specify): <u>plumb bob</u>
Pumping Water Level (B): <u>flow well</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>flow well</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>flow well</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.

Red Mason 0-209 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B