

# 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 #: Ø 373  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Harrison  
 Permit #: \_\_\_\_\_  
 Driller: Ronnie Mason  
 Date drilling completed: Aug 5, 2004

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>John Malley</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>12090 Episcopal School</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Pass Christian</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>MS</u>	_____ 1/4 _____ 1/4 Sec <u>8</u> Twn <u>85</u> Rng <u>12W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>828 257-9146</u>	_____ Miles _____ of <u>Pine Hill</u>

**Well Data**

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

Date well drilling started: Aug 5, 2004 Date well drilling completed: Aug 5, 2004

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

Static Water Level: 800 feet above or below (circle one) land surface Date measured: Aug 5 2004

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

Hole depth: 450 Well depth: 440 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 440 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 440 feet to 450 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 Ronnie Mason  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

601-354-6938



# 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 #: φ-373  
 Elevation: \_\_\_\_\_

County: Harrison  
 Permit #: \_\_\_\_\_  
 Driller: Bonnie Mason  
 Date completed: Aug 5 2004

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>John Malley</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>22020 Depot Rd School Rd</u> <u>Pass Christian</u> <u>MS</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>8</u> Twn <u>85</u> Rng <u>1200</u>
Telephone No. ( <u>228</u> ) <u>257-9146</u>	Distance _____ Direction _____ Nearest Town _____ Miles _____ of <u>Pineville</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> <u>Jet</u> <input type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>Aug 5, 2004</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>14</u> <input checked="" type="radio"/> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>Aug 5, 2004</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>80</u> Feet Below Land Surface	Other (specify): <u>Plumb bob</u>
Pumping Water Level (B): <u>100</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>3</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>Aug 5, 2004</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 O-209 Dwight Mason  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED  
 AUG 23 2004  
 BY: OLWR