

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 #: A-68
L. S. Elevation: _____
E-log #: _____

59

County: Jackson
Permit #: _____
Driller: R. Mason
Date drilling completed: 10-21-04

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>Jan Cravens</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Old Ruier Rd</u> <u>Vandeville</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: <u>MS</u> State: _____ Zip Code: _____	<u>1/4</u> <u>1/4</u> Sec <u>1</u> Twn <u>4S</u> Rng <u>8W</u>
Telephone No. () <u>832-2227</u>	Distance: <u>15</u> Miles Direction: <u>N</u> of Nearest Town: <u>Vandeville</u>

Well Data

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

Date well drilling started: 10-21-04 Date well drilling completed: 10-21-04

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

Static Water Level: 100 feet above or below (circle one) land surface Date measured: 10-22-04

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

Hole depth: 650 Well depth: 640 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 640 feet Casing diameter: 4x2 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: 1006 inches Setting depth: From 640 feet to 650 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): _____

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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

If well telescopes please sketch below and show depths.

Ground Level

A-68

200 ft 4" PVC	
400 ft 2" PVC	
10 ft PVC screen	

Description of Formations Encountered	From	To
Top sand	1	8
Soft clay	8	30
Med. clay	30	110
Hard clay	110	270
fine sand	270	300
med. clay	300	360
Hard clay	360	470
fine sand	470	495
Soft clay	495	500
Blue clay	500	560
fine sand	560	600
Course sand	600	610

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.

x well

no House yet

Landowner Name: John Cravens

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[Signature]
 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>A-68</u>	
Elevation: _____	

County: <u>Jackson</u>
Permit #: _____
Driller: <u>B. Mason</u>
Date completed: <u>10-21-04</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>John Cravens</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Old River Rd</u> <u>Vandeventer</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: <u>MS</u> State: _____ Zip Code: _____	<u>1/4</u> <u>1/4</u> Sec <u>1</u> Twp <u>45</u> Rng <u>8W</u>
Telephone No. () <u>832-2227</u>	Distance Direction Nearest Town <u>15</u> Miles <u>N</u> of <u>Vandeventer</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>10-22-04</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>11</u> Gallons Per Minute	Number of Stages: <u>2</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-22-04</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>120</u> Feet Below Land Surface	Other (specify): <u>Plum bob</u>
Pumping Water Level (B): <u>140</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>11</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

HEREBY CERTIFY that the above statements are true to the best of my knowledge.

<u>Dwight Mason 02209</u> Print Name of Pump Installer and License No. (if applicable)	<u>Dwight Mason</u> Signature of Pump Installer
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