

### 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-71  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Jackson  
 Permit #: 0-209  
 Driller: R Mason  
 Date drilling completed: 3-15-05

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>R. B. Meyers</u>	Latitude: _____ Longitude: _____	Method of Lat/Long (circle one): <u>Conventional Survey</u>	
Mailing Address: <u>10020 Wire Road</u>	USGS quad, Hand-held GPS, Survey-grade GPS	<u>1/4</u> <u>1/4</u> Sec <u>34</u> Twn <u>4S</u> Rng <u>8W</u>	
<u>Vauclaire</u>	Distance Direction Nearest Town	<u>10</u> Miles <u>NW</u> of <u>Vauclaire</u>	
<u>MS</u>			
City State Zip Code			
Telephone No. ( <u>228</u> ) <u>826-2748</u>			
Well Data			
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____			
Date well drilling started: <u>3-15-05</u>		Date well drilling completed: _____	
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>100</u> feet above or below (circle one) land surface		Date measured: <u>3-15-05</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>Plumb Bob</u>			
Hole depth: <u>560</u>	Well depth: <u>560</u>	Well grouted to a depth of <u>15</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix			
Casing length: <u>550</u> feet	Casing diameter: <u>2</u> inches	Type of casing: <u>PVC</u>	
Screen length: <u>10</u> feet	Screen diameter: <u>2</u> inches	Type of screen: <u>PVC</u>	
Screen slot size: <u>.006</u> inches Setting depth: From <u>550</u> feet to <u>560</u> feet			
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u>			
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.			
<u>Dwight Mason</u> <u>0-209</u>		<u>Dwight Mason</u>	
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

A-71

Description of Formations Encountered	From	To
Top soil	1	5
Red Clay	5	15
White sand	15	35
Hard Blue Clay	35	210
Fine sand	210	225
Hard Blue Clay	225	460
Very Hard Blue Clay	460	500
Fine water sand	500	540
Course water sand	540	560

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:           R.B. Hayes          

          Darryl M...            
 Signature of Water Well Contractor

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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)

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: A-71  
 Elevation: \_\_\_\_\_

County: Jackson  
 Permit #: 0-209  
 Driller: R Mason  
 Date completed: 3-15-05

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>R B Hayes</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>10020 Wire Road</u>	Method of Lat/Long (circle one): Conventional Survey.
<u>Vancleave</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>MS</u>	_____ 1/4 _____ 1/4 Sec <u>34</u> Twn <u>4S</u> Rng <u>8W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(228) 826-2748</u>	<u>10</u> Miles <u>NW</u> of <u>Vancleave</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<input checked="" type="radio"/> Electric Motor <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>2</u>
Date Pump Installed: <u>3-15-05</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>9</u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-15-05</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>105</u> Feet Below Land Surface	Other (specify): <u>Plumb Bob</u>
Pumping Water Level (B): <u>105</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>9</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 Dwight Mason  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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