

County: Jackson  
 Permit #: 0-209  
 Driller: R. Mason  
 Date drilling completed: 12/22/00

**State Well Report**  
**Part I - 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)

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: E-131  
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Ms. Farmer</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1278 Jake Smith Rd</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>John Smith</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Vanceleave MS</u>	_____ x _____ Sec <u>33</u> Twp <u>5S</u> Rng <u>8W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>14</u> Miles <u>N</u> of <u>Ocean Springs</u>

**Well / Borehole Data**

Date drilling started: 12/21/00 Date drilling completed: 12/22/00 Hole depth: 110 Hole diameter: 5

Location of the source of any surface water used for drilling: Shop

Method of dosing and volume of Chlorine used in drilling and development: 1/2 lb per 1000 gal 89% chlorine

Logs run (circle all applicable):  No log run  Electric  Gamma Ray  Density  Sonic  Neutron  Other: \_\_\_\_\_

Name of organization running log(s): N/A

Purpose of borehole (check one):  Water Well  Geotechnical/Geological Investigation  Ground Source Heat Pump  Seismic Survey  Other (describe) \_\_\_\_\_

*If driller 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 N/A Other (describe) \_\_\_\_\_

Static Water Level: 85 feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Well depth: 110 Well grouted to a depth of 15 feet Type of grout (circle one):  Neat Cement  Bentonite  Mix

Casing length: 100 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 100 feet to 110 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: N/A feet *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

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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)

County: Jackson  
 Permit #: 0-209  
 Driller: R. Mason  
 Date completed: 12/22/06  
*Copy information from Hook on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: E-131  
 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>Ms. Farmer</u> Mailing Address: <u>1278 Jake Smith</u> <u>John Smith</u> <u>Vanceleve MS</u> City                  State                  Zip Code Telephone No. ( ) _____	Latitude: _____ Longitude: _____ Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec <u>33 T 5 S R 8 W</u> Distance            Direction            Nearest Town <u>14</u> Miles <u>N</u> of <u>Ocean Springs</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Jet            Submersible Bucket <input type="radio"/> Piston <input type="radio"/> Turbine Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well Other (specify): _____ Date Pump Installed: <u>12/22/06</u> Rated Pump Capacity: <u>15</u> Gallons Per Minute	Diesel Engine            Gasoline Engine            Natural Gas <input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO Windmill            Other (specify): _____ Horse Power Rating of Motor: <u>1</u> Setting Depth: <u>100</u> feet Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12/22/06</u> Static Water Level (A): <u>85</u> Feet Below Land Surface Pumping Water Level (B): <u>85</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>0</u> Feet Below Land Surface Test Pumping Rate: <u>15</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Air Line            Electric Measuring Line            Steel Tape <input checked="" type="radio"/> Other (specify): <u>Plumb bob</u> For flowing well, measured shut in head: <u>N/A</u> feet Well yielded <u>15</u> GPM with a drawdown of <u>0</u> feet after <u>4</u> hours of pumping

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

Print Name of Pump Installer and License No. (if applicable): Dwight Mason 0-209

Signature of Pump Installer: Dwight Mason

Form OLWR-SWR-1B

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