

# 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 #: F-221  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Jackson  
 Permit #: \_\_\_\_\_  
 Driller: R. Mason  
 Date drilling completed: 12-13-04

Mason Water Wells, 220

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>Was Judy</u>	Latitude: <u>30° 37' 49"</u> Longitude: <u>88° 39' 26"</u>
Mailing Address: <u>River Road</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Vandœuvre MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>762-4863 MS</u>	<u>NE 1/4 NW 1/4 Sec 11 T25 R11W</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>11</u> Miles Direction: <u>N</u> of Nearest Town: <u>Vandœuvre</u>
Telephone No.: <u>( ) 217-4863</u>	

**Well Data**

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

Date well drilling started: 12-13-04 Date well drilling completed: 12-13-04

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

Static Water Level: 110 feet above or below (circle one) land surface Date measured: 12-13-04

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

Hole depth: 190 Well depth: 180 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 180 feet Casing diameter: 4" inches Type of casing: PPC

Screen length: 10 feet Screen diameter: 4 1/4" inches Type of screen: PPC

Screen slot size: .006 inches Setting depth: From 180 feet to 190 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 0209  
 Print Name of Water Well Contractor and License No.

Dwight Mason  
 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 #: F-221

Elevation: \_\_\_\_\_

County: Jackson  
Permit #: \_\_\_\_\_  
Driller: B. Mason  
Date completed: 12-14-04

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>Wes Jedy</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>River Rd</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>Vandevue</u>	<input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>MS</u>	<u>1/4</u> <u>1/4</u> Sec. <u>11</u> Twn <u>55</u> Rng <u>7W</u>
City: <u>North</u> State: <u>MS</u> Zip Code: <u>39248</u>	Distance: _____ Direction: _____ Nearest Town: _____
Telephone No. ( ) <u>601-480-217</u> - <u>4863</u>	<u>10</u> Miles <u>N</u> of <u>Vandevue</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2</u>
Date Pump Installed: <u>12-14-04</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-14-04 + 12-15-04</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>100</u> Feet Below Land Surface	Other (specify): <u>Plumb 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>20</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.

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

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JAN 10 2005

BY: OLWR