

State Well Report
Part 1 - 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 #: F-406
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: 0-652
Driller: R. Mason
Date drilling completed: 12/29/08

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.

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>David Lee</u> Mailing Address: <u>15375 Old River Rd</u> <u>Vanclave, MS 39565</u> City: _____ State: _____ Zip Code: _____ Telephone No.: <u>228 326-3992</u></p>		<p>Well or Borehole Location</p> <p>Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS ____ 1/4 ____ 1/4 Sec. <u>35</u> Twp. <u>5S</u> Rng. <u>7W</u> Distance _____ Miles Direction <u>N</u> of <u>170 Moss Point Hwy 613</u></p>	
<p>Well / Borehole Data</p> <p>Date drilling started: <u>12/28/08</u> Date drilling completed: <u>12/29/08</u> Hole depth: <u>315</u> Hole diameter: <u>5</u> Location of the source of any surface water used for drilling: <u>Shop</u> Method of dosing and volume of Chlorine used in drilling and development: <u>12lb per 1000lb 89/chlorine</u> Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____ Name of organization running log(s): <u>N/A</u> Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) _____ <i>If drilling is not related to water well construction, skip the remainder of this block</i></p>			
<p>Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____ If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ Static Water Level: <u>80</u> feet above or <input checked="" type="checkbox"/> below (circle one) land surface Date measured: <u>12/29/08</u> Method of Measurement (circle one) steel tape electric tape air line other: <u>Plumb Bob</u> Well depth: <u>315</u> Well grouted to a depth of <u>15</u> feet Type of grout (circle one) <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix Casing length: <u>305</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>0060</u> inches Setting depth: From <u>305</u> feet to <u>315</u> feet Type of completion (circle all applicable): Gravel packed _____ Undertreamed _____ Telescoped _____ Open hole <input checked="" type="checkbox"/> Natural Development _____ Other (describe): _____ Top of lap pipe or reduction in casing: <u>N/A</u> feet. <i>If telescoped or more than one screen, describe on next page</i></p>			

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)

For Office Use Only:

Aquifer: _____

Well #: F-406

Elevation: _____

County: Jackson
Permit #: 0-652
Driller: R. Mason
Date completed: 12/29/08
Copy information from block on Part 1

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>David Lee</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>15375 Old River Rd</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/>		
<u>Vancleave MS 39565</u>	USGS quad _____, Hand-held GPS <input type="checkbox"/> , Survey-grade GPS <input type="checkbox"/>		
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____		
Telephone No. <u>601 356 3990</u>	Distance _____	Direction _____	Nearest Town _____
	_____ Miles _____ of _____		

Pump Type Circle one			Power Type Circle one		
Air Lift <input type="checkbox"/>	<input checked="" type="radio"/> Jet	Submersible <input type="checkbox"/>	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"/>	<input checked="" type="radio"/> Electric Motor	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>12/29/08</u>			Setting Depth: <u>100</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>12/29/08</u>	Air Line <input type="checkbox"/>	Electric Measuring Line <input type="checkbox"/>	Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>80</u> Feet Below Land Surface	Other (specify): <u>Plumb Bob</u>		
Pumping Water Level (B): <u>80</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 <u>3</u> GPM/with a drawdown of		
Test Pumping Rate: <u>3</u> Gallons Per Minute	<u>0</u> feet after <u>2</u> hours of pumping		
Duration of Pump Test (minimum 4 hours): <u>2</u> hours			

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

Ronald D. Mason 0-652 Ronald D. Mason
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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