

# State Well Report

## Part I

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 #: H-108  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jackson  
Permit #: \_\_\_\_\_  
Driller: Pierce Well  
Date drilling completed: 4-7-05

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>Vannell Israel</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>3-River Rd.</u> <u>Big Point</u> <u>MOSS POINT MS</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>3E 1/4 NE 1/4 Sec 29 Twn 55 Rng 5W</u>
Telephone No. (_____) _____	Distance _____ Direction _____ Nearest Town _____ <u>2 Miles West of Big Point</u>

### Well Data

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

Date well drilling started: 4-7-05 Date well drilling completed: 4-7-05

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

Static Water Level: 10 feet above or below (circle one) land surface Date measured: 4-7-05

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

Hole depth: 73' Well depth: 73 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 68 feet Casing diameter: 2 inches Type of casing: plastic

Screen length: 5 feet Screen diameter: 2" inches Type of screen: plastic

Screen slot size: 006 inches Setting depth: From \_\_\_\_\_ feet to \_\_\_\_\_ 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.

Michael Pierce 0296 Michael Pierce  
Print Name of Water Well Contractor and License No. 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)

County: Jackson  
 Permit #: \_\_\_\_\_  
 Driller: Pierce Well  
 Date completed: 4-8-05

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: H-108  
 Elevation: \_\_\_\_\_

**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>Vannell Israel</u>	Latitude: _____ Longitude: _____
Mailing Address: _____	Method of Lat/Long (circle one): Conventional Survey
<u>Same</u>	USGS quad, Hand-held GPS, Survey grade GPS
City: _____ State: _____ Zip Code: _____	<u>SE</u> 1/4 <u>NE</u> 1/4 Sec: <u>29</u> Twn: <u>55</u> Rng: <u>5W</u>
Telephone No.: _____	Distance: _____ Direction: _____ Nearest Town: _____
	<u>2</u> Miles <u>W</u> of <u>Big Point</u>

Pump Type Circle one	Power Type Circle one
Jet <input checked="" type="radio"/> Submersible Piston _____ Turbine _____ Rotary _____ Flowing Well _____ Other (specify): _____	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____ Electric Motor <input checked="" type="radio"/> Hand _____ Tractor PTO _____ Windmill _____ Other (specify): _____ Horse Power Rating of Motor: _____ / _____
Date Pump Installed: <u>4-8-05</u>	Setting Depth: <u>30</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-8-05</u>	<input checked="" type="radio"/> Air Line _____ Electric Measuring Line _____ Steel Tape _____
Static Water Level (A): <u>10</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>15</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>5</u> Feet Below Land Surface	Well yielded <u>10</u> GPM with a drawdown of
Test Pumping Rate: <u>10</u> Gallons Per Minute	<u>5</u> feet after <u>4</u> hours of pumping
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.

Michael Pierce 0296  
 Print Name of Pump Installer and License No. (if applicable)

Michael Pierce  
 Signature of Pump Installer

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MAY 04 2005  
 BY: OLWR