

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 #: J-326
L. S. Elevation: _____
E-log #: _____

County: Jackson

Permit #: _____

Driller: Ponnie Mason

Date drilling completed: 7/11/04

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

Owner Name: Mr. Dawson
Mailing Address: 9644 Nevada Rd
Deean Springs,
MS 39564
City: _____ State: _____ Zip Code: _____
Telephone No: 228-875-2671

Well Location

Latitude: _____ Longitude: _____
Method of Lat/Long (circle one): Conventional Survey
USGS quad, Hand-held GPS, Survey-grade GPS
_____ 1/4 _____ 1/4 Sec. 35 Twn 6-S Rng 9-W
Distance _____ Miles Direction N of Deean Springs

Well Data

Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 7/11/04 Date well drilling completed: 7/12/04
If flowing, method of flow regulation: Valve _____ Other (describe): _____
Static Water Level: 50 feet above or below (circle one) land surface Date measured: 7/12/04
Method of Measurement (circle one): steel tape electric tape air line other: Plumbob
Hole depth: 240 Well depth: 240 Well grouted to a depth of 15 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 230 feet Casing diameter: 2 inches Type of casing: P.V.C.
Screen length: 10 feet Screen diameter: 2 inches Type of screen: P.V.C.
Screen slot size: .006 inches Setting depth: From 230 feet to 240 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 logs: _____

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 Red Mason 0-209 Ponnie Mason
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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J-326

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered

From To

Description of Formations Encountered	From	To
Top Soil	0	5
Red Clay	5	15
White Sand	15	40
Soft Clay	40	110
Hard Clay	110	210
Blue Sand	210	220
Good Water Sand	220	240

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.

well located in back of house trailer
1/4 mile N of ms. power lines.

Landowner Name:

Larry Dawson

Daryl Mann
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 #: J-326

Elevation: _____

County: Jackson
 Permit #: _____
 Driller: Ronnie Mason
 Date completed: 7/12/04

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>M. Dawson</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>9644 Nevada</u> <u>Ocean Springs</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City: _____ State: <u>MS</u> Zip Code: <u>39564</u>	<u>1/4</u> <u>1/4</u> Sec <u>35</u> Twn <u>6S</u> Rng <u>9W</u>
Telephone No: <u>601-875-2671</u>	Distance: _____ Direction: _____ Nearest Town: _____ <u>2</u> Miles <u>N</u> of <u>O.S.</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>1</u>
Date Pump Installed: <u>7/17/04</u>	Setting Depth: <u>50</u> feet
Rated Pump Capacity: <u>7</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7/17/04</u>	Air Line: _____ Electric Measuring Line: _____ Steel Tape: _____
Static Water Level (A): <u>50</u> Feet Below Land Surface	Other (specify): <u>Plumb Bob</u>
Pumping Water Level (B): <u>53</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>3</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>7</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.

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

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