

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)

County: Jackson
 Permit #: _____
 Driller: M+M Well
 Date drilling completed: 8-27-04

For Office Use Only:

Aquifer: _____
 Well #: J-333
 L. S. Elevation: _____
 E-log #: _____

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>Denise Lamey</u>	Latitude: <u>30° 28' 675"</u> Longitude: <u>88° 52' 146"</u>
Mailing Address: <u>9316</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Dana St</u>	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS
<u>Ocean Springs 39564</u>	NE 1/4 SE 1/4 Sec <u>34</u> Twn <u>65</u> Rng <u>9W</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>1/2</u> Miles Direction: <u>N</u> of Nearest Town: <u>Ocean Springs</u>
Telephone No. <u>228 860-0576</u>	

Well Data

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

Date well drilling started: 8-24-04 Date well drilling completed: 8-27-04

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

Static Water Level: 105 feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 415 Well depth: 415 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 405 feet Casing diameter: 2" inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 2" inches Type of screen: PVC

Screen slot size: 1006 inches Setting depth: From 405 feet to 415 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.

Allen Madden 0563

Allen Madden

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

RECEIVED
SEP 03 2004
BY: OLWR

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-333

Elevation: _____

County: Jackson
 Permit #: _____
 Driller: MJM well
 Date completed: 8-31-04

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>Denise Gomez</u> Mailing Address: <u>9316 Dana St</u> <u>Ocean Springs 39564</u> <small>City State Zip Code</small> Telephone No. <u>228 860-0576</u>	Latitude: <u>30 28 645</u> Longitude: <u>88 52 146</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS _____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng _____ Distance _____ Direction _____ Nearest Town _____ <u>1/2</u> Miles <u>N</u> of <u>Ocean Springs</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Submersible Bucket <input type="radio"/> Piston <input type="radio"/> Turbine Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well Other (specify): _____	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO Windmill <input type="radio"/> Other (specify): _____ Horse Power Rating of Motor: <u>2</u> Setting Depth: <u>120</u> feet Number of Stages: <u>3</u>
Date Pump Installed: <u>8-31-04</u> Rated Pump Capacity: <u>5 1/2</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): <u>105</u> Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/> Other (specify): <u>Blum Bob</u> For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Glen M Adden 0563 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
 SEP 03 2004
 BY: OLWR