

# 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-345  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jackson  
Permit #: \_\_\_\_\_  
Driller: R. Mason  
Date drilling completed: 12-6-04

Mason Water Wells 27C

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>Mr. Folks</u>   | Latitude: _____ Longitude: _____  |
| Mailing Address: <u>John Smith Rd</u><br><u>Vandeventer</u><br><u>MS 39564</u> | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____                                       | <u>1/4</u> <u>1/4</u> Sec <u>4</u> Twn <u>6S</u> Rng <u>8W</u>                                      |
| Telephone No. ( ) <u>875-0940</u>  | Distance <u>10</u> Miles <u>W</u> Direction of <u>Vandeventer</u> Nearest Town                      |

**Well Data**

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

Date well drilling started: 12-6-04 Date well drilling completed: 12-6-04

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

Static Water Level: 100 feet above or below (circle one) land surface Date measured: 12-6-04

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

Hole depth: 390 Well depth: 380 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 380 feet Casing diameter: 9 inches Type of casing: PVC

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

Screen slot size: .006 inches Setting depth: From 380 feet to 390 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 0-209  
Print Name of Water Well Contractor and License No.

Dwight Mason  
Signature of Water Well Contractor

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JAN 10 2005  
BY: OLWF



# 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-345

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>Mr. Solks</u>                                | Latitude: _____ Longitude: _____  |
| Mailing Address: <u>John Smith Rd</u><br><u>Vandeventer</u> | Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,<br><input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS |
| City: <u>MS</u> State: <u>39564</u> Zip Code: _____         | <u>14</u> <sup>1</sup> / <sub>4</sub> Sec <u>4</u> Twp <u>6S</u> Rng <u>8W</u>  |
| Telephone No. ( ) <u>875-0940</u>                           | Distance: <u>10</u> Miles Direction: <u>W</u> of Nearest Town: <u>Vandeventer</u>   |

| Pump Type<br>Circle one   | Power Type<br>Circle one   |
|---|--|
| Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible | Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> 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 <input type="radio"/> Other (specify): _____  |
| Other (specify): _____  | Horse Power Rating of Motor: <u>2</u>  |
| Date Pump Installed: <u>12-7-04</u>   | Setting Depth: <u>110</u> feet   |
| Rated Pump Capacity: <u>11</u> Gallons Per Minute                               | Number of Stages: <u>3</u>   |

| Pump Test Data  | Method of Measuring Water Level<br>Circle one   |
|---|---|
| Date Well Tested: <u>12-7-04</u>                            | Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape |
| Static Water Level (A): <u>100</u> Feet Below Land Surface  | Other (specify): <u>Plumb</u>   |
| Pumping Water Level (B): <u>110</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>11</u> Gallons Per Minute             |   |
| Duration of Pump Test (minimum 4 hours): <u>4</u> hours     |   |

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

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

Signature of Pump Installer: Dwight Mason

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JAN 10 2005  
BY: OLWR