

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 #: J-349
 I. S. Elevation: _____
 E-log #: _____

County: Jackson
 Permit #: 0-209
 Driller: R Mason
 Date drilling completed: 3-15-05

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>David Tanner</u>	Latitude: _____ Longitude: _____	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	
Mailing Address: <u>18470 John Smith Road</u>	USGS quad, Hand-held GPS, Survey-grade GPS	_____ 1/4 _____ 1/4 Sec <u>4</u> Twn <u>6S</u> Rng <u>8W</u>	
<u>Vancleave</u>	Distance _____ Direction _____ Nearest Town _____	_____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng _____	
City _____ State _____ Zip Code _____	Distance <u>8</u> Miles _____ Direction <u>W</u> of _____ Nearest Town <u>Vancleave</u>	_____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng _____	
Telephone No. (228) <u>860-2638</u>	Well Data		
Purpose of Well (circle one): <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: <u>Camp</u>	Date well drilling started: <u>3-15-05</u> Date well drilling completed: _____		
If flowing, method of flow regulation: Valve _____ Other (describe) _____	Static Water Level: <u>60</u> feet above or below (circle one) land surface Date measured: <u>3-15-05</u>		
Method of Measurement (circle one): steel tape electric tape air line other: <u>Plumb Bob</u>	Hole depth: <u>110</u> Well depth: <u>110</u> Well grouted to a depth of <u>15</u> feet hole plug		
Type of grout (circle one): Cement Bentonite Mix <u>hole plug</u>	Casing length: <u>100</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>.006</u> inches Setting depth: From <u>100</u> feet to <u>110</u> feet		
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u>	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.		
<u>Dwight Mason</u> <u>0-209</u>	<u>Ray M. Mason</u> Signature of Water Well Contractor		
Print Name of Water Well Contractor and License No.	RECEIVED		

APR 04 2005

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-349

Elevation: _____

County: Jackson
 Permit #: 0-209
 Driller: R. Mason
 Date completed: 3-15-05

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>David Tauer</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>18470 Jdhn. Sullivan Rd</u> <u>Vauclenne</u> <u>MS</u>	Method of Lat/Long (circle one): Conventional Survey, 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>(228) 860-2638</u>	Distance _____ Direction _____ Nearest Town _____ <u>8</u> Miles <u>W</u> of <u>Vauclenne</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>3-15-05</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>8</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-15-05</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>70</u> Feet Below Land Surface	Other (specify): <u>Plumb Bob</u>
Pumping Water Level (B): <u>70</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>8</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.

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

Dwight Mason
 Signature of Pump Installer

RECEIVED

APR 04 2005
 BY: OLWR