

# 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 #: K-454  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Jackson  
 Permit #: 0-209  
 Driller: R. Mason  
 Date drilling completed: 3-22-05

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>D. W. Salters</u>	Latitude: _____ Longitude: _____		Method of Lat/Long (circle one): <u>Conventional Survey</u>		
Mailing Address: <u>12610 Ware Lake Rd</u>	USGS quad, Hand-held GPS, Survey-grade GPS		_____ 1/4 _____ 1/4 Sec. <u>13</u> Twp. <u>6S</u> Rng. <u>7W</u>		
<u>Vauclaire</u>	City State Zip Code		Distance Direction Nearest Town		
<u>MS</u>	_____		<u>5</u> Miles <u>E</u> of <u>Vauclaire</u>		
Telephone No. <u>(228) 826-1189</u>					

**Well Data**

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

Date well drilling started: 3-22-05 Date well drilling completed: \_\_\_\_\_

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

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 3-22-05

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

Hole depth: 350 Well depth: 350 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix hole plug

Casing length: 340 feet Casing diameter: 2 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 340 feet to 350 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. Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

Ground Level

K-454



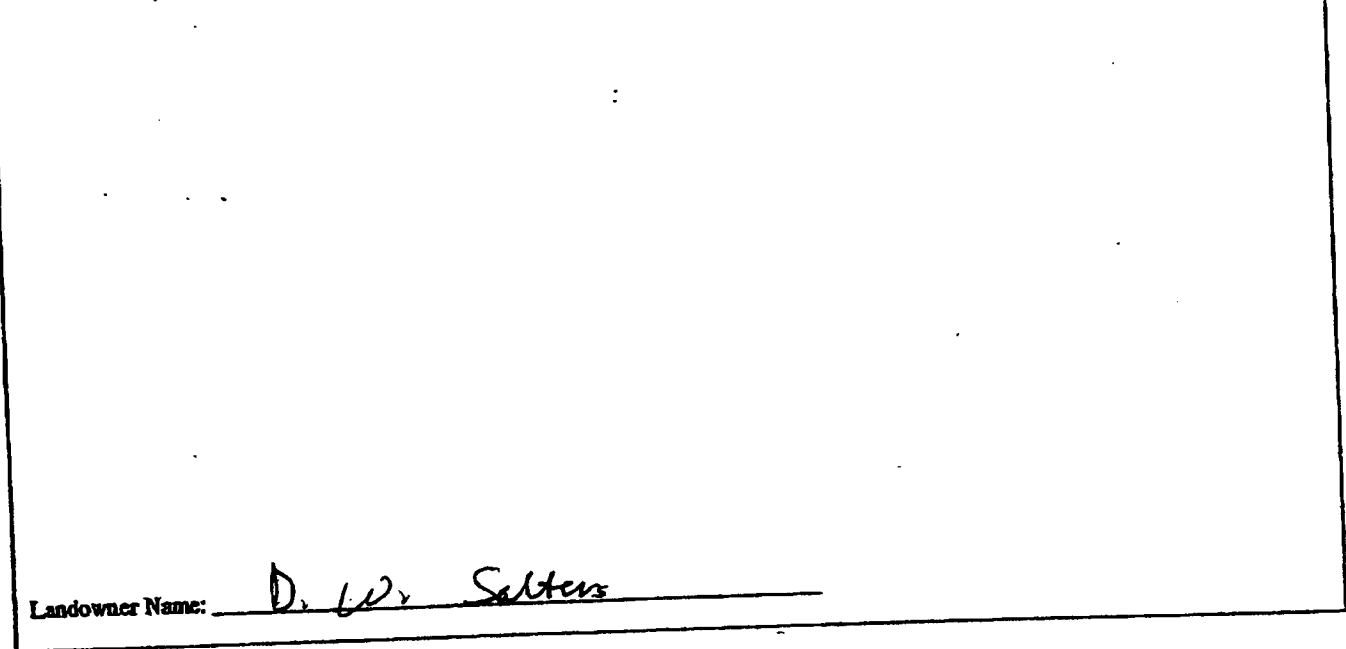
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
To soil	1	2
Red Clay	2	15
White Sand	15	35
Red Clay	35	75
White Sand	75	105
Blue Clay	105	295
Five water sand	295	385
Blue Clay	385	425
Coarse water sand	325	370

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.



Landowner Name: D. W. Salters

Donald M. M...  
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 #: K-454

Elevation: \_\_\_\_\_

County: Jackson  
 Permit #: 0-209  
 Driller: R. Mason  
 Date completed: 3-22-05

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>D.W. Salter</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>12610 Wavehake Rd</u> <u>Vancleave</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>13</u> Twn <u>65</u> Rng <u>7W</u>
Telephone No. <u>(228) 826-1189</u>	Distance _____ Direction _____ Nearest Town _____
	<u>5</u> Miles <u>E</u> of <u>Vancleave</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>2</u>
Date Pump Installed: <u>3-22-05</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 Circle one
Date Well Tested: <u>3-22-05</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>80</u> Feet Below Land Surface	Other (specify): <u>Plumb Bob</u>
Pumping Water Level (B): <u>95</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	

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)

[Signature]  
 Signature of Pump Installer

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