

**State Well Report  
Part 1 - Driller's Log**

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-575  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jackson  
Permit #: 0-652  
Driller: R. Mason  
Date drilling completed: 7/14/07

*State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.*

<p><b>Information on Well Owner</b> (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Jack Miller</u> Mailing Address: <u>2550 Potica, W</u> <u>Vanceleave, MS</u> <u>Kickapoo City, MS 39107</u> City State Zip Code Telephone No. ( ) <u>875.5680</u></p>		<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>30° 54' 09" N</u> Longitude: <u>88° 08' 16" W</u> <u>32 27 41 15</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS 1/4 1/4 Sec <u>9</u> Twp <u>6S</u> Rng <u>7W</u> Distance _____ Direction _____ Nearest Town <u>Vanceleave</u> Miles _____ of _____</p>	
<p><b>Well / Borehole Data</b></p> <p>Date drilling started: <u>7/13/07</u> Date drilling completed: <u>7/14/07</u> Hole depth: <u>450'</u> Hole diameter: <u>4x2</u> Location of the source of any surface water used for drilling: <u>Shop</u> Method of dosing and volume of Chlorine used in drilling and development: <u>1/2 lb per 1000 lb 89% chlorine</u> Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____ Name of organization running log(s): _____ Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) _____ <i>If drilling is not related to water well construction, skip the remainder of this block</i></p>			
<p>Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____ If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ Static Water Level: <u>6.5</u> feet above or below (circle one) land surface Date measured: <u>7/14/07</u> Method of Measurement (circle one) steel tape electric tape air line other: <u>Plumb Bob</u> Well depth: <u>450</u> Well grouted to a depth of <u>15</u> feet Type of grout (circle one) <u>Neat Cement</u> Bentonite Mix Casing length: <u>440</u> feet Casing diameter: <u>4x2</u> inches Type of casing: <u>PVC</u> Screen length: <u>10</u> feet Screen diameter: <u>4x2</u> inches Type of screen: <u>PVC</u> Screen slot size: <u>.006</u> inches Setting depth: From <u>440</u> feet to <u>450</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: <u>N/A</u> feet. <i>If telescoped or more than one screen, describe on next page</i></p>			

Form: OLWR-SWR-1A

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level  $\rightarrow$

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

K-575

Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	
TOP Soil	0	3
Red Sandy Clay	3	15
Sugar Sand	15	60
Soft Blue Clay	60	210
Hard Blue Clay	210	275
Fine H.O. Sand	275	350
Course H.O. Sand	350	400
Good H.O. Sand	400	450

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) a north arrow.

Landowner Name: \_\_\_\_\_

Form: OLWR-SWR-1A

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state

Signature: Ronald D. Mason 0-652  
 Print Name of Responsible Licensee and License No. 8/24/07 Date

Signature of Licensee: Ronald D. Mason

# 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)

County: Jackson  
 Permit #: 0-652  
 Driller: R. Mason  
 Date completed: 7/14/07  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: K-575  
 Elevation: \_\_\_\_\_

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>Jack Miller</u>	Latitude: <u>30.540911N</u> Longitude: <u>88.68765W</u>
Mailing Address: <u>2550 Potocaw</u> <u>Vancleave MS</u> <u>Wick M. Curly 8750002</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey
City: _____ State: _____ Zip Code: _____	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
Telephone No. ( ) <u>875.5680</u>	Distance _____ Direction _____ Nearest Town: <u>Vancleave</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <input checked="" type="checkbox"/> Submersible	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>7/14/07</u>	Setting Depth: <u>85</u> feet
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7/14/07</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>65</u> Feet Below Land Surface	Other (specify): <u>Plumb Bob</u>
Pumping Water Level (B): <u>65</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [(B) - (A)]: <u>0</u> Feet Below Land Surface	Well yielded <u>15</u> GPM with a drawdown of
Test Pumping Rate: <u>15</u> Gallons Per Minute	<u>0</u> feet after <u>4</u> hours of pumping
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.

Ronald D. Mason 0-652 X Ronald D. Mason  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B