

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)

County: Jackson
Permit #:
Driller: Ronnie Mason
Date drilling completed: 7/14/04

For Office Use Only:
Aquifer:
Well #: N-870
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: Owner Name: Rodger Reed, Mailing Address: 8888 CCC Camp Rd Ocean Springs, MS 39564, Telephone No: 228, 297-0615
Well Location: Latitude: Longitude: Method of Lat/Long: Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, 1/4 Sec 24 Twn 7-5 Rng 8-W, Distance 2 Miles Direction E of Ocean Springs

Well Data: Purpose of Well: Home, Industrial, Public Supply, Irrigation, Fish Culture, Other: Date well drilling started: 7/14/04 Date well drilling completed: 7/14/04 Static Water Level: 80 feet above or below land surface Date measured: 7/15/04 Method of Measurement: steel tape, electric tape, air line, other: Plumb bob Hole depth: 380 Well depth: 380 Well grouted to a depth of 15 feet Type of grout: Cement, Bentonite, Mix Casing length: 370 feet Casing diameter: 2 inches Type of casing: P.V.C. Screen length: 10 feet Screen diameter: 2 inches Type of screen: P.V.C. Screen slot size: .006 inches Setting depth: From 370 feet to 380 feet Type of completion: 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: 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 Red Mason 0-209 [Signature]
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.

N-870

Ground Level

Large empty rectangular box for sketching well telescopes and depths.

Description of Formations Encountered

From To

Description of Formations Encountered	From	To
top soil	1	3
red clay	3	15
water sand	15	45
soft blue	45	280
fine blue sand	280	295
hard blue clay	295	340
fine water sand	340	350
good water sand	350	380

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.

Well located W of new residence on CCC Camp Rd. 2 miles E of Ocean Springs

Landowner Name: Rodger Reed

Dyck Mcr  
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 #: N-870

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

County: Jackson

Permit #: \_\_\_\_\_

Driller: Rennie Mason

Date completed: 7-14-04

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>Roder Reed</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>888 CCamp Rd</u> <u>Ocean Springs</u> <u>Ms 39514</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	_____ 1/4 _____ 1/4 Sec. <u>24</u> Twn <u>7-S</u> Rng <u>8W</u>
Telephone No: <u>281-297-0615</u>	Distance _____ Direction _____ Nearest Town _____ <u>2</u> Miles <u>E</u> of <u>Os. Ms</u>

Pump Type Circle one	Power Type 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 HP</u>
Date Pump Installed: <u>7-15-04</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>9</u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-15-04</u>	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>90</u> Feet Below Land Surface	Other (specify): <u>Plum Bob</u>
Pumping Water Level (B): <u>100</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>3</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>9</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 Rennie Mason **RECEIVED**  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

AUG 12 2004

BY: OLWR