

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)

County: Jackson
 Permit #: _____
 Driller: R. Mason
 Date drilling completed: Aug 9 2004

For Office Use Only:
 Aquifer: _____
 Well #: N-873
 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	Well Location
Owner Name: <u>S. A. Harvey</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Divie Street</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Ocean Springs</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: <u>MS</u> State: _____ Zip Code: _____	_____ 1/4 _____ 1/4 Sec <u>23</u> Twn <u>13</u> Rng <u>9W</u>
Telephone No. <u>628 875-0229</u>	Distance _____ Direction _____ Nearest Town _____
	<u>1</u> Miles <u>E</u> of <u>Ocean Springs</u>

Well Data

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

Date well drilling started: 8-9-04 Date well drilling completed: 8-9-04

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 8-9-04

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

Hole depth: 460 Well depth: 450 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 450 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 450 feet to 460 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: 15 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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 AUG 23 2004
 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)

County: Jackson
 Permit #: _____
 Driller: R Mason
 Date completed: 8-9-04

For Office Use Only:
 Aquifer: _____
 Well #: N-873
 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>S.A. Mavery</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Divide Street</u> <u>Ocean Springs</u> <u>MS</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4 Sec <u>23</u> Twn <u>7S</u> Rng <u>8W</u>
Telephone No. <u>228 875-0229</u>	Distance _____ Direction _____ Nearest Town _____
	<u>1</u> Miles <u>E</u> of <u>Ocean Springs</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 Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2 HP</u>
Date Pump Installed: <u>8-9-04</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>18</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-9-04</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>60</u> Feet Below Land Surface	Other (specify): <u>Plum Bob</u>
Pumping Water Level (B): <u>80</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 75 GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>8-9-04</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

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 AUG 23 2004
 BY: OLWR