

# 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: R. Mason  
Date drilling completed: 8-30-04

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: N-874  
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>Baly Enterprise</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>16313 Lemayne St. Marten</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: <u>MS</u> State: <u>39532</u> Zip Code: _____	1/4 Sec: <u>B</u> Twn: <u>75</u> Rng: <u>9W</u>
Telephone No: <u>228 396-9599</u>	Distance _____ Miles Direction _____ Nearest Town: <u>St. Marten</u>
Well Data	
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____	
Date well drilling started: <u>8-30-04</u> Date well drilling completed: <u>8-30-04</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>80</u> feet above or below (circle one) land surface Date measured: <u>8-30-04</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>Plumb Bob</u>	
Hole depth: <u>415</u> Well depth: <u>40.5</u> Well grouted to a depth of <u>15</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix	
Casing length: <u>415</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>40.5</u> feet to <u>415</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 0209</u> Print Name of Water Well Contractor and License No.	<u>[Signature]</u> Signature of Water Well Contractor

Coastal Drilling and Service Company



# 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: B. Mason  
 Date completed: 8-30-04

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: N-874  
 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>Baley Enterprise</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>16393 Lemoine</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>St. Martin</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>MS 39532</u>	_____ 1/4 _____ 1/4 Sec <u>12</u> Twn <u>25</u> Rng <u>9W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. <u>248 396-9599</u>	_____ Miles _____ of <u>St Martin</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>1 HP</u>
Date Pump Installed: <u>8-30-04</u>	Setting Depth: <u>90</u> feet
Rated Pump Capacity: <u>7</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-30-04</u>	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>80</u> Feet Below Land Surface	Other (specify): <u>Plumb Bob</u>
Pumping Water Level (B): <u>90</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 _____
Test Pumping Rate: <u>7</u> Gallons Per Minute	_____ feet after _____ hours of pumping
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 02209 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer