

# 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 #: N-886  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Jackson  
 Permit #: \_\_\_\_\_  
 Driller: R. Maxon  
 Date drilling completed: 12-14-04

Mason Water Wells, 22C

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>M. Ashton</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>10225 Natchez</u> <u>Biloxi, MS</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>1/4</u> <u>1/4</u> Sec <u>15</u> Twn <u>75</u> Rng <u>8W</u>
Telephone No.: <u>392-7095</u>	Distance _____ Miles Direction _____ Nearest Town <u>St. Martin</u>

**Well Data**

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

Date well drilling started: 12-14-04 Date well drilling completed: 12-14-04

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

Static Water Level: 40 feet above or below (circle one) land surface Date measured: 12-14-04

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

Hole depth: 240 Well depth: 230 Well grouted to a depth of \_\_\_\_\_ feet

Type of grout (circle one):  Cement  Bentonite  Mix

Casing length: 230 feet Casing diameter: 2 inches Type of casing: PRC

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PRC

Screen slot size: .006 inches Setting depth: From 230 feet to 240 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 Maxon 0-209  
 Print Name of Water Well Contractor and License No.

Dwight Maxon  
 Signature of Water Well Contractor

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N-886

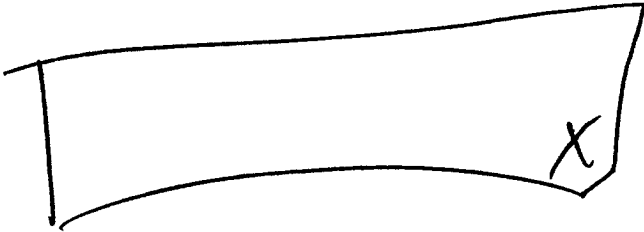
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
TOP SOIL	1	18
Clay	18	30
med clay	30	50
hard clay	50	160
med sand	160	220
course sand	220	240

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: Mr. Ashton

Ray H. Mar  
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-886

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

County: Harrison

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

Driller: R. Mason

Date complete: 12-14-04

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

Owner Name: Mr. Ashtox

Mailing Address: 6725 Natchez

Bellevue MS  
City State Zip Code

Telephone No. (601) 392-7095

### Well Location

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Method of Lat/Long (circle one):  Conventional Survey,

USGS quad,  Hand-held GPS,  Survey-grade GPS

14 14 Sec 15 Twn 75 Rng 9W

Distance Direction Nearest Town

\_\_\_\_\_ Miles of St. Martin

### Pump Type Circle one

Air Lift  Jet  Submersible

Bucket  Piston  Turbine

Centrifugal  Rotary  Flowing Well

Other (specify): \_\_\_\_\_

Date Pump Installed: 12-15-04

Rated Pump Capacity: \_\_\_\_\_ Gallons Per Minute

### Power Type Circle one

Diesel Engine  Gasoline Engine  Natural Gas

Electric Motor  Hand  Tractor PTO

Windmill  Other (specify): \_\_\_\_\_

Horse Power Rating of Motor: 1

Setting Depth: 60 feet

Number of Stages: 2

### Pump Test Data

Date Well Tested: 12-15-04

Static Water Level (A): 40 Feet Below Land Surface

Pumping Water Level (B): 60 Feet Below Land Surface

Drawdown [(B) - (A)]: 0 Feet Below Land Surface

Test Pumping Rate: 9 Gallons Per Minute

Duration of Pump Test (minimum 4 hours): 4 hours

### Method of Measuring Water Level Circle one

Air Line  Electric Measuring Line  Steel Tape

Other (specify): Plumb Bob

For flowing well, measured shut in head: \_\_\_\_\_ feet

Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Print Name of Pump Installer and License No. (if applicable): Dwight Mason 00209

Signature of Pump Installer: Dwight Mason

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