

# 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-887  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Jackson  
 Permit #: \_\_\_\_\_  
 Driller: B. Mason  
 Date drilling completed: 12-10-04

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>Jimmy Kruch</u>	Latitude: _____ Longitude: _____	Method of Lat/Long (circle one): Conventional Survey	
Mailing Address: <u>2113 Wayne Ave</u>	USGS quad, Hand-held GPS, Survey-grade GPS		
<u>Osage Springs</u>	<u>14</u> <u>14</u> Sec <u>12</u> Twn <u>75</u> Rng <u>9W</u>	Distance _____ Miles	Direction _____
City _____ State <u>MS</u> Zip Code _____	Nearest Town <u>St Martin</u>		
Telephone No. ( ) _____			
Well Data			
Purpose of Well (circle one): <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____			
Date well drilling started: <u>12-10-04</u>		Date well drilling completed: <u>12-10-04</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>100</u> feet above or below (circle one) land surface		Date measured: <u>12-10-04</u>	
Method of Measurement (circle one): steel tape electric tape air line other: <u>Number 0</u>			
Hole depth: <u>420</u>	Well depth: <u>410</u>	Well grouted to a depth of <u>15</u> feet	
Type of grout (circle one): Cement Bentonite <u>Mix</u>			
Casing length: <u>410</u> feet	Casing diameter: <u>4 1/2</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>410</u> feet to <u>430</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>Deight Mason 0209</u>		<u>[Signature]</u>	
Print Name of Water Well Contractor and License No.		Signature of Water Well Contractor	

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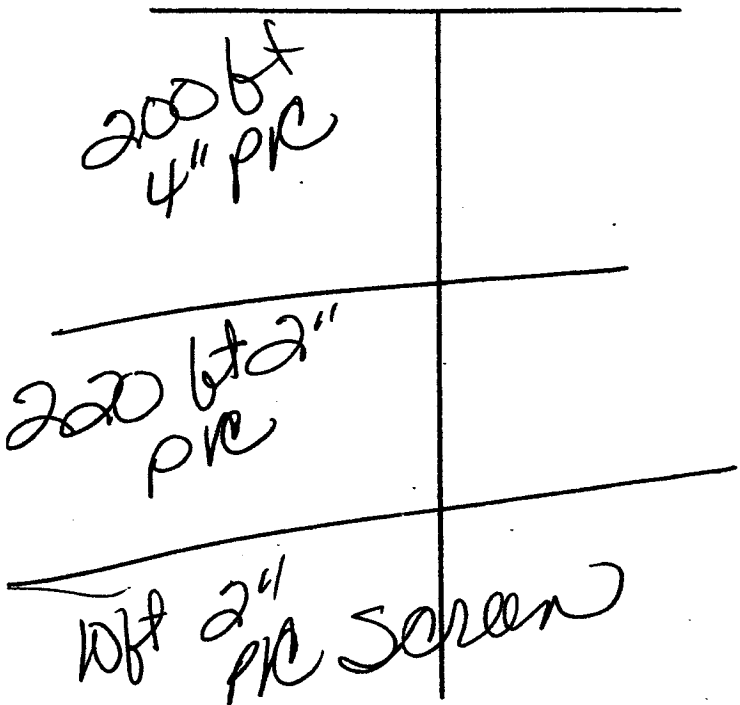
JAN 10 2005

BY: OLWR

N-887

If well telescopes please sketch below and show depths.

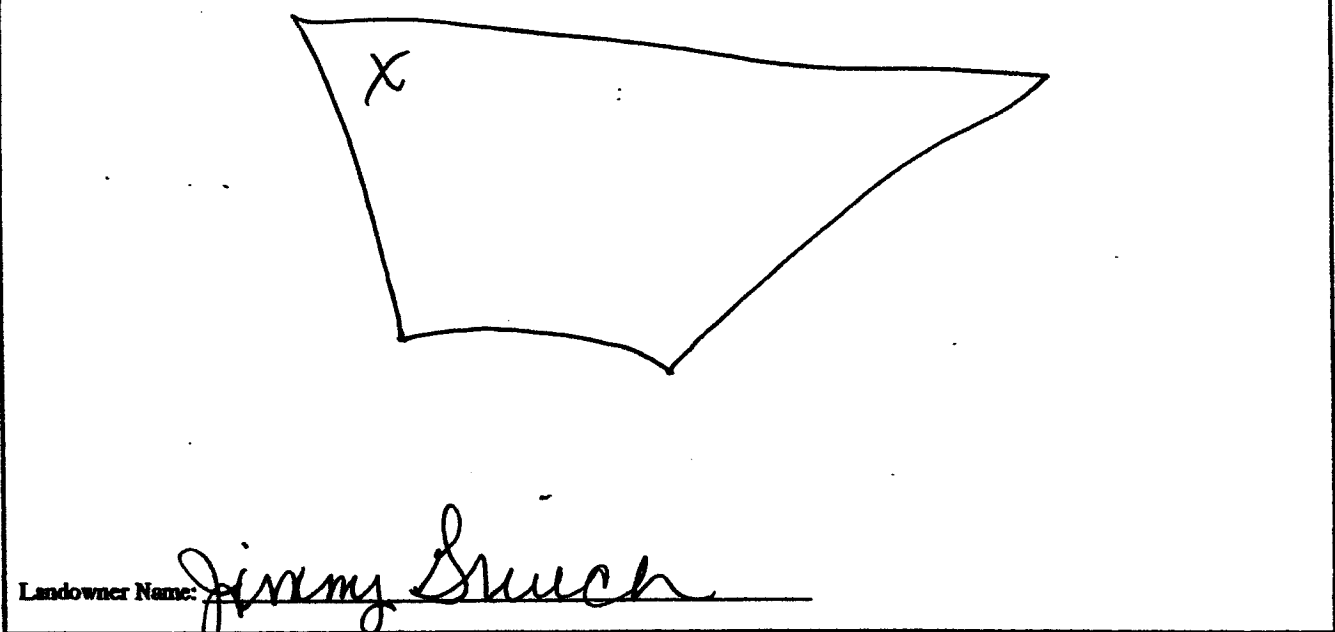
Ground Level



Description of Formations Encountered	From	To
Top soil	1	10
Med clay	10	35
Med clay	35	110
Hard clay	110	190
Thin sand	190	260
Med sand	260	310
Soft clay	310	360
Red clay	360	390
Thin sand	390	410
House sand	410	420

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.



Oyst Mer  
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-887

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

County: Jackson  
 Permit #: \_\_\_\_\_  
 Driller: R. Mason  
 Date completed: 12-10-04

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>Jimmy Smeach</u> Mailing Address: <u>713 Waverly</u> <u>Ocean Springs</u> <u>MS</u> City State Zip Code Telephone No. ( ) _____	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 Sec <u>12</u> Twn <u>75</u> Rng <u>9W</u> Distance Direction Nearest Town _____ Miles of <u>St. Martin</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <b>Submersible</b> <input checked="" type="radio"/> Bucket Piston <input type="radio"/> Turbine <input type="radio"/> Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> Other (specify): _____ Date Pump Installed: <u>12-11-04</u> Rated Pump Capacity: <u>13</u> Gallons Per Minute	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/> <b>Electric Motor</b> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> Windmill <input type="radio"/> Other (specify): _____ Horse Power Rating of Motor: <u>2</u> Setting Depth: <u>120</u> feet Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-11-04</u> Static Water Level (A): <u>100</u> Feet Below Land Surface Pumping Water Level (B): <u>120</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>0</u> Feet Below Land Surface Test Pumping Rate: <u>13</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Air Line <input type="radio"/> <b>Electric Measuring Line</b> <input checked="" type="radio"/> Steel Tape <input type="radio"/> Other (specify): <u>Plumb</u> 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.  
Dwight Mason 0-209 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 BY: OLWR