State V	Well Report
1	Part 1 For Office Use Only:
Country III A SDI	ent of Environmental Quality Aquifer:
	l l
	and Water Resources Box 10631 Well #: Q-56.7
Driller: Jackson,	MS 39289-0631 L. S. Elevation:
	1)961-5210
(601)3	54-6938 (fax) 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 47
Owner Name Lamar Delmas	Latitude: 30.28 .30 .45 Longitude: 088.30 .45
Mailing Address: 6005 Kings RD	Method of Lat/Long (circle one): Conventional Survey,
·	USGS quad Hand-held GPS Survey-grade GPS
Moss Point, MS 39562	MV 1/2 NW 1/2 Sec 5 Twn 775 Rng R5W
City State Zip Code	Distance Direction Nearest Town
Telephone No. 228 475-4155	Distance Direction Nearest Town A Miles 5 of Helena
•	
Wel	l Data
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:	
Date well drilling started: 6-8-05 Date well drilling completed: 6-9-05	
If flowing, method of flow regulation: Valve N/A Other (describe)	
Static Water Level:	
Method of Measurement (circle one) steel tape electric tape air line other:	
Hole depth: 291' Well depth: 291' Well grouted to a depth of feet	
Type of grout (circle one): Cement Bentonite Mix	
Casing length: 28 feet Casing diameter: 2 inches Type of casing: PUC	
Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC	
Screen slot size: 1004 inches Setting depth: From 281 feet to 291 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.	
Jack Klogdell 0-472 Jankity dell	
Print Name of Water Well Contractor and License No.	Signature of Water Well Contract ECEIVED

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If well telescopes	nlease sketch	helow and	show d	enths
II WEII LEIESCODES	DICASC SKCICII	UCIUW AIIU	SHOW G	cpuis.

Q-5	67
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Ground Level	
•	

Description of Formations Encountered	From	To
Topsail	$\perp o$	3
white Coarse Sand	3	73
Blue, Clay	173	174
Fine Medium Sand	174	178
BlueClay ,	178	188
medium Sand	188	12/1
BlueClay	217	add
Gray Coarse Sand	993	
BlueClay	930	635
Indium's and	837	d 53
Blueclay Wistracks OF SAND.	<u>a53</u>	a 5
A A III A I A A A A A A A A A A A A A A		
Blue Clay Wistreaks OF SAND Gray Medium to Course Sand	ats	291
GrayMediam to Coarse Sand	ans	991
GrayMediam to Coarse Sand	A75	291
GrayMediam to Coarse Sand	ans	291
GrayMediam to Coarse sand	ans	291
GrayMediam to Coarse sand	a75	991
GrayMedium to Coarse sand	a75	291
GrayMediam to Coarse Sand	a75	2891
GrayMediam to Coarse Sand	a75	1991
GrayMediam to Coarse Sand	a75	891
GrayMedium to Coarse Sand	a75	891

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 p aid in locating the well; 3) any roads, power lines, or other items that 4) indicate direction.	ermanent structures on the property that may may aid in locating the property and the well;
Landowner Name: Lamar Delmas	

Signature of Water Well Contractor

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BY: OLWR

STATE WELL REPORT		
County: Jackson Permit #: Office of Land P.O. Date completed: 6-9-05 (601)3	Part 2 So Completion Report ent of Environmental Quality and Water Resources Box 10631 MS 39289-0631 1)961-5210 54-6938 (fax) For Office Use Only: Aquifer: Well #:	
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: Lamar Delmas	Latitude: 30°28′313″ Longitude 088°30′783″	
Mailing Address: 6005 Kings Rb	Method of Lat/Long (circle one): Conventional Survey,	
	USGS quad, Hand-held GPS, Survey-grade GPS	
Moss Point Ms 39569 City State Zip Code	N 1/4 NW 1/4 Sec 5 Twn 775 Rng R5W Distance Direction Nearest Town	
Telephone No. (208) 475 - 4155	2 Miles 5W of HELENA	
Pump Type Circle one	Power Type Circle one	
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas	
Bucket Piston Turbine	Electric Motor Hand Tractor PTO	
Centrifugal Rotary Flowing Well	Windmill Other (specify):	
Other (specify):	Horse Power Rating of Motor:	
Date Pump Installed: 10-14-05 Setting Depth: 40FT. Drop pipe feet		
Rated Pump Capacity: 9 Gallons Per Minute Number of Stages: 2		
Pump Test Data	Method of Measuring Water Level	
Date Well Tested: 0-14-05	Circle one	
Static Water Level (A):Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape	
Pumping Water Level (B): N A Feet Below Land Surface Other (specify):		
Drawdown [(B) – (A)]: N H Feet Below Land Surface For flowing well, measured shut in head: N/A		
Test Pumping Rate:Gallons Per Minute	pping Rate: Gallons Per Minute Well yielded GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours): 4 hours N/A feet after N/A 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)	Signature of Pump Installer	

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