

# 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 #: B-45  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Pearl River  
Permit #: \_\_\_\_\_  
Driller: Clear Water Drilling  
Date drilling completed: 8/11/04

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>Mary Bass</u>	Latitude: _____ Longitude: _____	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	
Mailing Address: <u>55 Bill Lewis Rd. Poplarville MS 39470</u>	Distance: <u>8</u> Miles Direction: <u>NW</u> of Nearest Town: <u>Poplarville</u>	_____ 1/4 _____ 1/4 Sec <u>30</u> Twn <u>15</u> Rng <u>16W</u>	
City: _____ State: _____ Zip Code: _____	Telephone No. <u>(601) 795-0644</u>		

### Well Data

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

Date well drilling started: 8/10/04 Date well drilling completed: 8/11/04

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

Static Water Level: 92' feet above or below (circle one) land surface Date measured: 8/13/04

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

Hole depth: 340' Well depth: 340' Well grouted to a depth of 20' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 330 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC 10' wrapped

Screen slot size: 010 inches Setting depth: From 830 feet to 340 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: N/A 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): N/A

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.

Robert L. Schmidt 0-0426 Robert Schmidt  
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

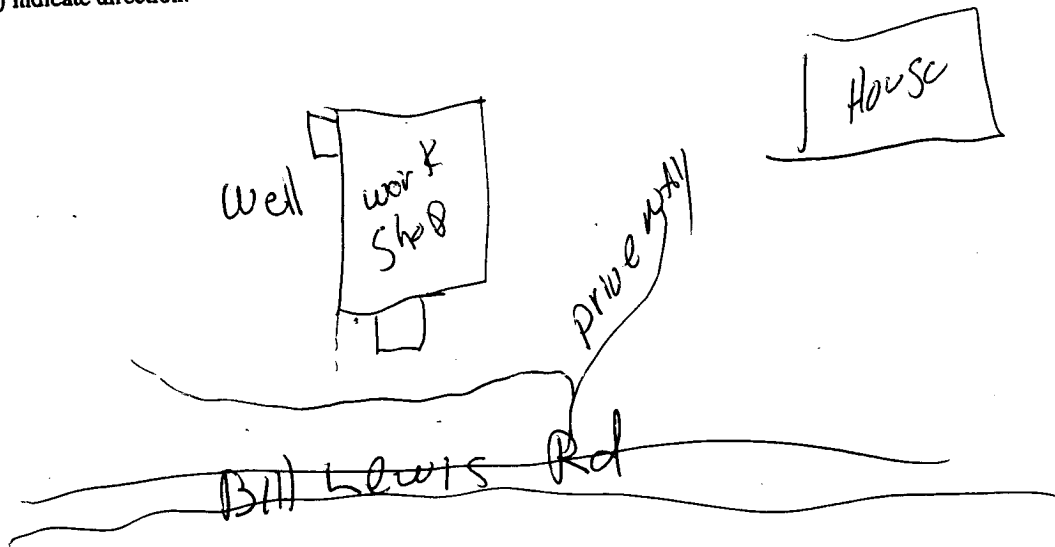
Ground Level

B-45

Description of Formations Encountered	From	To
Tan clay some sand	0	14
Tan clay / Pkg Gravel + Sand	14	22
red to tan clay	22	25
red tan + cream clay	25	27
cream clay	27	35
Grey clay	35	44
Grey + Blue clay	44	50
Blue clay	50	90
Blue grey clay + Fine silt	90	130
Blue clay + Pkg Gravel	130	135
Blue clay	35	208
Fine sand + silt	208	225
Grey clay	225	238
Med fine sand + silt	238	239
Grey clay	234	238
Med + Fine Sand	238	244
Grey clay	240	260
Fine sand + silt	260	284
Grey clay	264	275
Fine sand + silt	275	295
Fine sand	295	305
Coarse silt + Paper sand	305	30

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: \_\_\_\_\_

*Robert Schmitz*  
 \_\_\_\_\_  
 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 #: B-45

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

County: Pearl River

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

Driller: Clear Water Drilling

Date completed: 8/11/04

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>Mary Bass</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>55 Bill Lewis Rd</u> <u>Poplarville MS 39470</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>1/4</u> _____ <u>1/4</u> Sec <u>30</u> Twn <u>15</u> Rng <u>16W</u>
Telephone No. <u>(601) 795 0644</u>	Distance _____ Direction _____ Nearest Town _____ <u>8</u> Miles <u>NW</u> of <u>Poplarville</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine      Gasoline Engine      Natural Gas
Bucket      Piston      Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <del>2</del> <u>1 HP</u>
Date Pump Installed: <u>8-13-04</u>	Setting Depth: <u>180</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-13-04</u>	Air Line      Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u>
Static Water Level (A): <u>92'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: <u>NA</u> feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded <u>NA</u> GPM with a drawdown of
Test Pumping Rate: <u>15</u> Gallons Per Minute	<u>NA</u> feet after <u>NA</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>10</u> hours	

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

Robert L. Schmidt 0423      [Signature]  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

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