

State Well Report

Part I

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 #: H-52
L. S. Elevation: _____
E-log #: _____

County: Stovall
Permit #: _____
Driller: B. Mason
Date drilling completed: 10-14-04

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>Bill Willes</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Route 1000</u> <u>Perkinston</u> <u>MS</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>1/4</u> <u>1/4</u> Sec <u>11</u> Twn <u>35</u> Rng <u>10W</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>10</u> Miles Direction: <u>E</u> of Nearest Town: <u>Waynes</u>
Telephone No. () <u>582-2469</u>	

Well Data

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

Date well drilling started: 10-14-04 Date well drilling completed: 10-14-04

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

Static Water Level: 100 feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 360 Well depth: 350 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 350 feet Casing diameter: 4 1/2 inches Type of casing: PVC

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

Screen slot size: 006 inches Setting depth: From 350 feet to 360 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 Mason D-209
Print Name of Water Well Contractor and License No.

Dwight Mason
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 #: <u>H-52</u>
Elevation: _____	

County: <u>Stolte</u>
Permit #: _____
Driller: <u>R. Mason</u>
Date completed: <u>10-14-04</u>

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

<p style="text-align: center;">Well Owner Information</p> <p>Owner Name: <u>Bill Willis</u></p> <p>Mailing Address: <u>Rouse Roads</u> <u>Perkinson</u></p> <p style="text-align: center;"><u>MS</u></p> <p style="text-align: center;">City State Zip Code</p> <p>Telephone No. (<u> </u>) <u>582-2469</u></p>	<p style="text-align: center;">Well Location</p> <p>Latitude: _____ Longitude: _____</p> <p>Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS</p> <p style="text-align: center;">_____ ¼ _____ ¼ Sec. <u>11</u> Twn <u>35</u> Rng <u>10W</u></p> <p>Distance Direction Nearest Town</p> <p style="text-align: center;">_____ Miles of _____</p>
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<p style="text-align: center;">Pump Type Circle one</p> <p>Air Lift Jet <u>Submersible</u></p> <p>Bucket Piston Turbine</p> <p>Centrifugal Rotary Flowing Well</p> <p>Other (specify): _____</p> <p>Date Pump Installed: <u>10-15-04</u></p> <p>Rated Pump Capacity: <u>11</u> Gallons Per Minute</p>	<p style="text-align: center;">Power Type Circle one</p> <p>Diesel Engine Gasoline Engine Natural Gas</p> <p><u>Electric Motor</u> Hand Tractor PTO</p> <p>Windmill Other (specify): _____</p> <p>Horse Power Rating of Motor: <u>1</u></p> <p>Setting Depth: <u>180</u> feet</p> <p>Number of Stages: <u>2</u></p>
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<p style="text-align: center;">Pump Test Data</p> <p>Date Well Tested: <u>10-15-04</u></p> <p>Static Water Level (A): <u>100</u> Feet Below Land Surface</p> <p>Pumping Water Level (B): <u>120</u> Feet Below Land Surface</p> <p>Drawdown [(B) - (A)]: <u>0</u> Feet Below Land Surface</p> <p>Test Pumping Rate: <u>11</u> Gallons Per Minute</p> <p>Duration of Pump Test (minimum 4 hours): <u>4</u> hours</p>	<p style="text-align: center;">Method of Measuring Water Level Circle one</p> <p>Air Line Electric Measuring Line Steel Tape</p> <p>Other (specify): <u>Plumb</u></p> <p>For flowing well, measured shut in head: _____ feet</p> <p>Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping</p>
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.	
<p><u>Dwight Mason 02209</u></p> <p>Print Name of Pump Installer and License No. (if applicable)</p>	<p><u>Dwight Mason</u></p> <p>Signature of Pump Installer</p>