

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)

County: Stone
 Permit #: 0-652
 Driller: R. Mason
 Date drilling completed: 4/24/07

For Office Use Only:
 Aquifer: _____
 Well #: H-69
 L. S. Elevation: _____
 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	
Owner Name: <u>Salma Bridges</u>	Latitude: <u>30.7538^N</u>	Longitude: <u>88.9632^W</u>	
Mailing Address: <u>153 Pasture Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>		
<u>Perkinston, MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS		
<u>228) 238-8868 39513</u>	1/4 Sec <u>26</u>	Twn <u>35</u>	Rng <u>10W</u>
City State Zip Code	Distance _____ Miles	Direction _____	Nearest Town <u>Perkinston</u>
Telephone No. <u>228) 324-7491</u>			

Well Data

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

Date well drilling started: 4/23/07 Date well drilling completed: 4/24/07

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

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 4/24/07

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

Hole depth: 330 Well depth: 330 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 320 feet Casing diameter: 2 inches Type of casing: PVC

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

Screen slot size: .001 inches Setting depth: From 320 feet to 330 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): _____

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.

Ronald D Mason - 0-652
Print Name of Water Well Contractor and License No.

Ronald D Mason
Signature of Water Well Contractor

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H-69

If well telescopes please sketch below and show depths.

Ground Level _____

Description of Formations Encountered	From	To
TOP SOIL	0	3
Sandy Red clay	3	15
FINE Sand	15	25
COARSE white sand	25	70
SOFT Blue Clay	70	200
Hard Blue Clay	200	250
COARSE white sand	250	300
COARSE H ₂ O Sand	250	300
Fine H ₂ O Sand	300	330

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: _____

Raymond O. Davis
 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)

County: Stone
 Permit #: 0-652
 Driller: R. Mason
 Date completed: 4/24/07

For Office Use Only:
 Aquifer: _____
 Well #: H-69
 Elevation: _____

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>Well Owner Information</p> <p>Owner Name: <u>Salina Bridges</u> Mailing Address: <u>153 Pasture Rd</u> <u>Perkinston, MS</u> <u>228) 238. 8868</u> City State Zip Code Telephone No. <u>228. 324. 7491</u></p>	<p>Well Location</p> <p>Latitude: <u>30.7538N</u> Longitude: <u>88.9632W</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ ¼ _____ ¼ Sec _____ Twn _____ Rng _____ Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of <u>Perkinston</u></p>
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<p>Pump Type Circle one</p> <p>Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible Bucket <input type="radio"/> Piston <input type="radio"/> Turbine Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well Other (specify): _____ Date Pump Installed: <u>4/24/07</u> Rated Pump Capacity: <u>9</u> Gallons Per Minute</p>	<p>Power Type Circle one</p> <p>Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO Windmill <input type="radio"/> Other (specify): _____ Horse Power Rating of Motor: <u>2</u> Setting Depth: <u>100</u> feet Number of Stages: <u>3</u></p>
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<p>Pump Test Data</p> <p>Date Well Tested: <u>4/24/07</u> Static Water Level (A): <u>80</u> Feet Below Land Surface Pumping Water Level (B): <u>80</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>0</u> Feet Below Land Surface Test Pumping Rate: <u>9</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours</p>	<p>Method of Measuring Water Level Circle one</p> <p>Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape Other (specify): <u>Plumb Bob</u> For flowing well, measured shut in head: _____ feet Well yielded <u>9</u> GPM with a drawdown of <u>0</u> feet after <u>4</u> hours of pumping</p>
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Ronald D. Mason 0-652X Ronald D. Mason
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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