

# 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 #: AM-27  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Stone  
Permit #: \_\_\_\_\_  
Driller: Michael S. Howard  
Date drilling completed: 01-05-06

**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>Thomas Dimitry</u>	Latitude: <u>30° 40' 84"</u> Longitude: <u>88° 54' 85"</u>
Mailing Address: <u>45 Ramsey Rd</u>	Method of Lat/Long (circle one): <u>50</u> Conventional Survey, <u>51</u>
<u>Saucier MS</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>20</u> Twn <u>T4S</u> Rng <u>R9W</u>
Telephone No. ( <u>228</u> ) <u>861-0519</u>	Distance Direction Nearest Town <u>1</u> Miles <u>West</u> of <u>Jackson Co. line</u>

**Well Data**

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

Date well drilling started: 01-05-06 Date well drilling completed: 01-05-06

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

Static Water Level: 48 feet above or below (circle one) land surface Date measured: 01-05-06

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

Hole depth: 78 Well depth: 78 Well grouted to a depth of 12 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 68 feet Casing diameter: 2 inches Type of casing: PVC 540

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

Screen slot size: 1006 inches Setting depth: From 68 feet to 78 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): \_\_\_\_\_

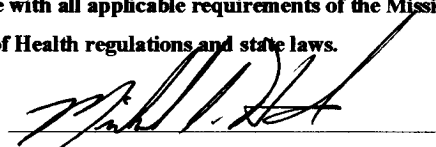
Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. If telescoped or more than one screen, describe on back of page

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.

Michael S. Howard 0-673  
Print Name of Water Well Contractor and License No.

  
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 #: \_\_\_\_\_  
 Driller: Michael S. Havard  
 Date completed: 01-05-06

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: M-27  
 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.**

Well Owner Information	Well Location
Owner Name: <u>Thomas Dimitry</u>	Latitude: <u>N30°40.84</u> Longitude: <u>88°54.85</u>
Mailing Address: <u>45 Ramsey Road</u>	Method of Lat/Long (circle one): <u>50</u> Conventional Survey, <u>51</u>
<u>Saucier MS 39</u> City State Zip Code	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
Telephone No. <u>(228) 861-0519</u>	<u>1</u> ¼ Sec <u>20</u> Twn <u>T4S</u> Rng <u>R9W</u>
	Distance Direction Nearest Town <u>1</u> Miles <u>West</u> of <u>Jackson Co. Line</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>01-05-06</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>01-05-06</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>48</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>58</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	Well yielded <u>10</u> GPM with a drawdown of
Test Pumping Rate: <u>10</u> Gallons Per Minute	<u>10</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

Michael S. Havard \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 FEB 15 2006  
 BY: OLWR