

### State Well Report Part 1 - Driller's Log

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: Harrison  
 Permit #: 0-209  
 Driller: R. Mason  
 Date drilling completed: 11/17/05

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: H-524  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

*State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.*

<p><b>Information on Well Owner</b> (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Leroy Haight</u>          Mailing Address: <u>Big John Rd.</u>  <u>Big Lake, MS 39532</u>          City State Zip Code          Telephone No. <u>228) 218-7500</u></p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: _____ Longitude: _____          Method of Lat/Long (circle one): <u>Conventional Survey</u>          USGS quad, Hand-held GPS, Survey-grade GPS          _____ 1/4 _____ 1/4 Sec <u>25</u> Twn <u>605</u> Rng <u>10W</u>          Distance Direction Nearest Town  <u>3</u> Miles <u>NW</u> of <u>Otherville</u></p>
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**Well / Borehole Data**

Date drilling started: 11/16/05 Date drilling completed: 11/17/05 Hole depth: 310 Hole diameter: 2"

Location of the source of any surface water used for drilling: Shan  
 Method of dosing and volume of Chlorine used in drilling and development: Valve / 100 gal 50% chlorine

Logs run (circle all applicable): No log run Electric Gamma Ray Density - Sonic Neutron Other: \_\_\_\_\_  
 Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (check one): Water Well  Geotechnical/Geological Investigation \_\_\_\_\_ Ground Source Heat Pump \_\_\_\_\_  
 Seismic Survey \_\_\_\_\_ Other (describe) \_\_\_\_\_  
*If drilling is not related to water well construction, ship the remainder of this block*

Purpose of Well (check one): Home  Industrial \_\_\_\_\_ Public Supply \_\_\_\_\_ Irrigation \_\_\_\_\_ Fish Culture \_\_\_\_\_ Other: \_\_\_\_\_  
 If a flowing well, method of flow regulation: Valve N/A Other (describe) \_\_\_\_\_

Static Water Level: 102 feet above or below (circle one) land surface Date measured: 11/16/05  
 Method of Measurement (circle one) steel tape electric tape air line other plumb bob

Well depth: 310 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite Mix  
 Casing length: 300 feet Casing diameter: 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 300 feet to 310 feet

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

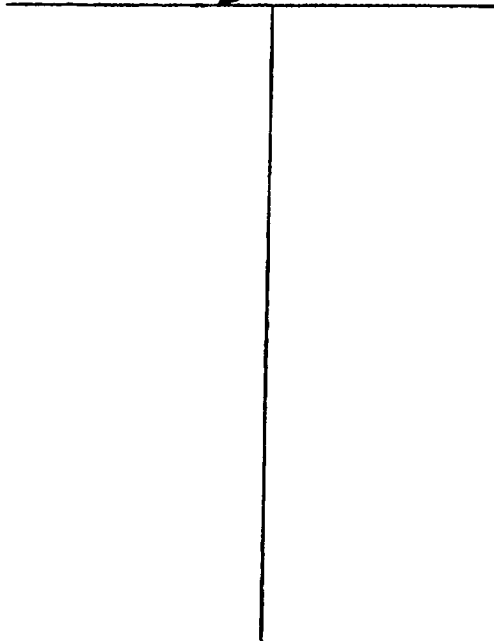
Top of lap pipe or reduction in casing: N/A feet. *If telescoped or more than one screen, describe on next page*

14-524

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level      **K**



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Top Soil	1	5
Red Sandy Clay	5	15
White Sand	15	30
Salt Blue Clay	30	260
Hard Blue Clay	260	275
Fine Water Sand	275	290
Coarse Water Sand	290	310

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) a north arrow.

Landowner Name: Leroy Height

Form: OLWR-SWR-1A

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Dwight Mason 0-209 12/16/05

Print Name of Responsible Licensee and License No.

Date

Dwight Mason

Signature of Licensee

### 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: Harrison  
 Permit #: 0-209  
 Driller: R. Mason  
 Date completed: 11/17/05  
*Copy information from block on Part 1*

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: M-224  
 Elevation: \_\_\_\_\_

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>Leroy Height</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Bick John Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Blow</u> <u>MS</u> <u>39532</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>25</u> T <u>603</u> R <u>10W</u>
Telephone No. ( ) <u>218-7500</u>	Distance Direction Nearest Town
	<u>3</u> Miles <u>NW</u> of <u>Oitherville</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>24P</u>
Date Pump Installed: <u>11/16/05</u>	Setting Depth: <u>130</u> feet
Rated Pump Capacity: <u>7.5</u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11/17/05</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>102</u> Feet Below Land Surface	<input checked="" type="radio"/> Other (specify): <u>plumb bob</u>
Pumping Water Level (B): <u>105</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>3</u> Feet Below Land Surface	Well yielded <u>8</u> GPM with a drawdown of
Test Pumping Rate: <u>8</u> Gallons Per Minute	<u>3</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.

Dwight Mason 0-209 Dwight Mason  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer