

~~Harrison~~ **Harrison**

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)

For Office Use Only:	
Aquifer:	_____
Well #:	G-168
L. S. Elevation:	_____
E-log #:	_____

County:	Harrison
Permit #:	_____
Driller:	0-795
Date drilling completed:	4-30-09

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.

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i> Owner Name <u>Randall Mauffray</u> Mailing Address: <u>17072</u> <u>Kapalama Rd.</u> <u>Pass Christian MS 39571</u> City State Zip Code Telephone No. <u>(228) 216-5873</u>	Well or Borehole Location Latitude: <u>30° 24' 35"</u> Longitude: <u>89° 20' 40"</u> Method of Lat/Long (circle one): <input checked="" type="radio"/> Conventional Survey, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS USGS quad, <u>SE</u> <u>SE</u> 1/4 Sec. <u>24</u> Twn <u>7S</u> Rng <u>14W</u> Distance _____ Miles Direction _____ of Nearest Town _____
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Well / Borehole Data

Date drilling started: 4-30 Date drilling completed: 4-30 Hole depth: 290' Hole diameter: 5"

Location of the source of any surface water used for drilling: _____
 Method of dosing and volume of Chlorine used in drilling and development: _____

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, skip 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 _____ Other (describe) _____

Static Water Level: 10 feet above or below (circle one) land surface Date measured: 4-30-09

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

Well depth: 290 Well grouted to a depth of 10 feet (Type of grout (circle one): Neat Cement Bentonite Mix)

Casing length: 270 feet Casing diameter: 3 x 2 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 270 feet to 290 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 next page*

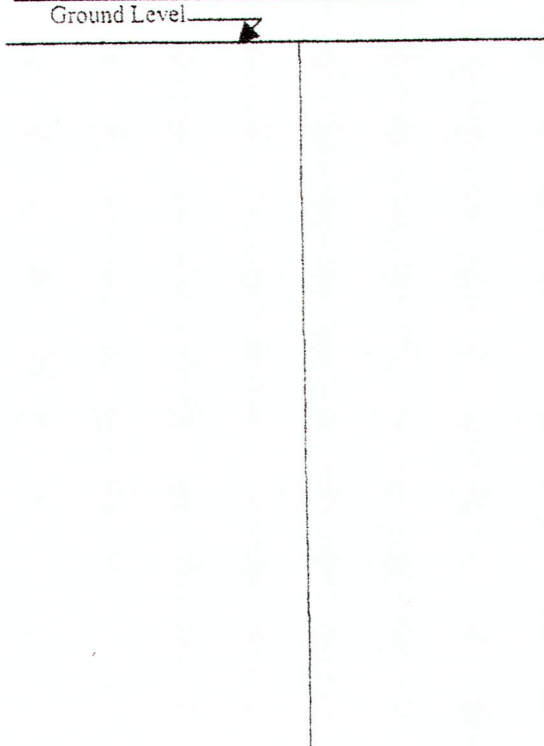
Form: OLWR-SWR-1A

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G-168

The sketch below only required for water wells

If well telescopes, show depths on sketch.

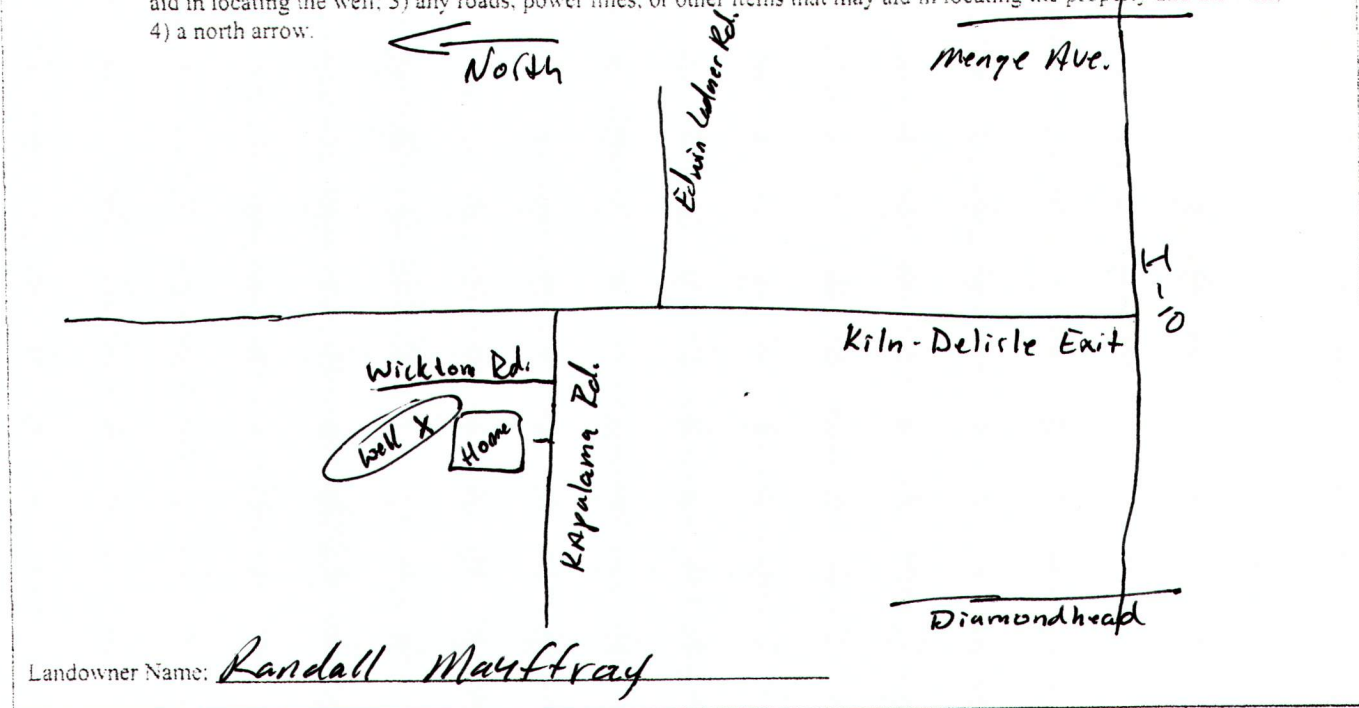


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	15
Sand	150	60
Clay	60	140
Sand	140	150
Clay	150	260
Sand	260	290

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: Randall Mayffray

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.

MALVIN WAGNON 0-785 4-30-09

Print Name of Responsible Licensee and License No.

Date

Malvin Wagon

Signature of Licensee

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Hancock

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 #: _____

Driller: 0-785

Date completed: 4-31-09

Copy information from block on Part 1

For Office Use Only:

Aquifer: _____

Well #: G-168

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>Randall Mauffray</u>	Latitude: <u>30° 24.900'</u> Longitude: <u>89° 20.601'</u>
Mailing Address: <u>17072</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Kapalama Rd.</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Pass Christian Ms. 39571</u>	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
City State Zip Code	Distance Direction Nearest Town
Telephone No. (<u>228</u>) <u>216-3873</u>	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine <input checked="" type="radio"/> Electric Motor	Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>4-31-09</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>22</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-31-09</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>10</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>60</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>50</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	

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

MALVIN WAGNON 0-785 Malvin Wagon

Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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