

BY: OLWR

FEB 16 2010

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

Other (describe): _____

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

Screen slot size: _____ inches Setting depth: From _____ feet to _____ feet

Screen length: _____ feet Screen diameter: _____ inches Type of screen: _____ PVC

Casing length: _____ feet Casing diameter: _____ inches Type of casing: _____ PVC

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

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

Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____ 1-14-10

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

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

If drilling is not related to water well construction, skip the remainder of this block

Seismic Survey _____ Other (describe) _____

Purpose of borehole (check one): Water Well _____ Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____

Name of organization running logs: _____

Logs run (circle all applicable): No log run _____ Electric _____ Gamma Ray _____ Density _____ Sonic _____ Neutron _____ Other _____

Method of dosing and volume of Chlorine used in drilling and development: _____

Location of the source of any surface water used for drilling: _____

Date drilling started: _____ 1-14-10 Date drilling completed: _____ 1-14-10 Hole depth: _____ 140' Hole diameter: _____ 5"

Well / Borehole Data

Owner Name: Brandon Parker

Mailing Address: Lot # 9

Wayne Road Rd.

Saucier MS 39574

City _____ State _____ Zip Code _____

Telephone No. 228 669-3144

Information on Well Owner (Landowner if borehole is not for a water well)

Well or Borehole Location

Latitude: 30° 36' 760" Longitude: 89° 14' 32"

Method of Lab/Log (circle one): Conventional Survey _____

USGS quad: Hand-held GPS, Survey-grade GPS

NE SE 13 55 Ring 13W

Distance _____ Miles Direction _____ of _____ Nearest Town _____

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.

For Office Use Only

Aquifer: A

Well #: _____

L. S. Elevation: _____

E-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 #: 0-285

Driller: _____

Date drilling completed: 1-14-10

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:

Acquirer: **A 85**

Well #: _____

Elevation: _____

County: **Harrison**

Permit #: **0-785**

Date completed: **1-15-10**

Conc. Information from block on Part 1

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

Owner Name: **Brandon Parker**

Mailing Address: **Lot # 9**
Wayne Bond Rd
Saenger, Ms. 39574

City: _____ State: _____ Zip Code: _____

Telephone No.: **228 669-3144**

Well Location

Latitude: **30° 36.760'** Longitude: **89° 15.107'**

Method of Lat/Long (check one): Survey-grade GPS Hand-held GPS U.S.G.S quad

W. _____ N. Sec. _____ T. _____ R. _____

Distance _____ Direction _____ Nearest Town _____

Miles _____ of _____

Pump Type

Circle one

Jet Submersible Diesel Engine Gasoline Engine Natural Gas

Air Lift Piston Turbine Flowing Well

Centrifugal Rotary Windmill

Other (specify): _____

Date Pump Installed: **1-15-10**

Rated Pump Capacity: _____ Gallons Per Minute

Power Type

Circle one

Electric Motor Hand Tractor PTO

Horse Power Rating of Motor: **1**

Setting Depth: _____ feet

Number of Stages: **2**

Pump Test Data

Date Well Tested: **1-15-10**

Static Water Level (A): **50** Feet Below Land Surface

Pumping Water Level (B): **70** Feet Below Land Surface

Drawdown (B) - (A): **20** Feet Below Land Surface

Test Pumping Rate: _____ Gallons Per Minute

Duration of Pump Test (minimum 4 hours): **24** hours

Method of Measuring Water Level

Circle one

Steel Tape Electric Measuring Line

Air Line _____

Other (specify): _____

For flowing well, measured shut in head: _____ feet

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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

Print Name of Pump Installer and License No. (if applicable): **MARVIN HARRISON 0-785**

Signature of Pump Installer: *Marvin Harrison*

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Form: OLMR-SM-R-1B

BY: OLMR

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