

State Well Report Part I - 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: 1/4/06

For Office Use Only:
 Aquifer: _____
 Well #: B-271
 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>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>M. E. Nell</u> Mailing Address: <u>Nell Rd.</u> <u>Couffport MS 39503</u> City State Zip Code Telephone No. () _____</p>	<p>Well or Borehole Location</p> <p>Latitude: _____ Longitude: _____</p> <p>Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS</p> <p>_____ 1/4 _____ 1/4 Sec <u>27</u> Twn. <u>55</u> Rng. <u>12W</u></p> <p>Distance Direction Nearest Town <u>5</u> Miles <u>N</u> of <u>Couffport</u></p>
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Well / Borehole Data

Date drilling started: 12/3/05 Date drilling completed: 12/4/05 Hole depth: 395 Hole diameter: 2 5/8

Location of the source of any surface water used for drilling: Shop
 Method of dosing and volume of Chlorine used in drilling and development: 1/2 lb per 1000 gal 39% chlorine

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): N/A

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): House Industrial Public Supply Irrigation Fish Culture Other: _____

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

Static Water Level: 65 feet above or below (circle one) land surface Date measured: 1/4/06

Method of Measurement (circle one) steel tape electric tape air line other plumb bob

Well depth: 395 Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 385 feet Casing diameter: 2 3/8 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 2 3/8 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 385 feet to 395 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*

Form: OLWR-SWR-1A

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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: Harrison
 Permit #: 0-209
 Driller: R. Mason
 Date completed: 1/4/06
Copy information from Meck on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: B-271
 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>M.E. Nell</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Nell Rd.</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey _____
<u>Gulfport MS 39503</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>27</u> T. <u>55</u> R. <u>12W</u>
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____
	<u>5</u> Miles <u>N</u> of <u>Gulfport</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> <u>Jet</u> <input type="checkbox"/> Submersible	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1HP</u>
Date Pump Installed: <u>1/4/06</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>7</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1/4/06</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>65</u> Feet Below Land Surface	<u>Other (specify): plumb bob</u>
Pumping Water Level (B): <u>65</u> Feet Below Land Surface	For flowing well, measured static head: <u>N/A</u> feet
Drawdown [(B) - (A)]: <u>0</u> Feet Below Land Surface	Well yielded <u>7</u> GPM with a drawdown of _____
Test Pumping Rate: <u>7</u> Gallons Per Minute	<u>0</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
 Print Name of Pump Installer and License No. (if applicable)

Dwight Mason
 Signature of Pump Installer

Form: OLWR-SWR-1B

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