

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 #: 0-652
 Driller: R. Mason
 Date drilling completed: 6/1/07

For Office Use Only:
 Aquifer: _____
 Well #: B-279
 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.

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Chasity Thrash</u>	Latitude: <u>30° 59' 38" N</u> Longitude: <u>89° 15' 55" W</u>
Mailing Address: <u>21616 Vankeetown Saucier, MS</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
City: _____ State: _____ Zip Code: _____	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. <u>208-861-2357</u>	¼ Sec <u>23</u> Twn <u>55</u> Rng <u>12 W</u>
	Distance _____ Miles Direction _____ Nearest Town <u>Saucier</u>

Well / Borehole Data

Date drilling started: 5/29/07 Date drilling completed: 6/1/07 Hole depth: 330' Hole diameter: 4x2

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 lb 89% 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, 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 N/A Other (describe) _____

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 6/1/07

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

Well depth: 330 Well grouted to a depth of 15 feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 320 feet Casing diameter: 4x2 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4x2 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 320 feet to 330 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*

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:

Aquifer: _____
 Well #: B-279
 Elevation: _____

County: Harrison
 Permit #: 0-652
 Driller: R. Mason
 Date completed: 6/1/07

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 Owner Name: <u>Charity Thrash</u> Mailing Address: <u>21016 Yankee town</u> <u>Saucier MS</u> City State Zip Code _____ Telephone No. <u>228)861,2357</u>			Well Location Latitude: <u>30.5938N</u> Longitude: <u>89.1585W</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng _____ Distance _____ Direction _____ <u>Nearest Town</u> _____ Miles _____ of <u>Saucier</u>		
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Pump Type Circle one Air Lift Jet <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>6/1/07</u> Rated Pump Capacity: <u>15</u> Gallons Per Minute			Power Type Circle one <u>Diesel Engine</u> Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: _____ Setting Depth: <u>80</u> feet Number of Stages: <u>14</u>		
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Pump Test Data Date Well Tested: <u>6/1/07</u> Static Water Level (A): <u>60</u> Feet Below Land Surface Pumping Water Level (B): <u>60</u> Feet Below Land Surface Drawdown [(B)-(A)]: <u>0</u> Feet Below Land Surface Test Pumping Rate: <u>15</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>2 1/2</u> hours		Method of Measuring Water Level Circle one Air Line <u>Electric Measuring Line</u> Steel Tape Other (specify): <u>Plumb Bob</u> For flowing well, measured shut in head: _____ feet Well yielded <u>15</u> GPM with a drawdown of <u>0</u> feet after <u>2 1/2</u> hours of pumping	
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Ronald D. Mason - 0-652 x Ronald D. Mason
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer