

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: B-287
Well #: B-287
L. S. Elevation: _____
E-log #: _____

County: Harrison
Permit #: 0-652
Driller: R. Mason
Date drilling completed: 1/16/09

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>		Well or Borehole Location	
Owner Name: <u>David Douglas</u>	Latitude: <u>30° 35' 52.00 33</u>	Longitude: <u>89° 9' 45.00 54</u>	
Mailing Address: <u>19480 Franklacher Savvier, MS 39564</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>	USGS quad, Hand-held GPS, Survey-grade GPS: <u>google</u>	
City: _____ State: _____ Zip Code: _____	Distance: <u>10</u> Miles	Direction: <u>N</u>	Nearest Town: <u>10wy 49</u>
Telephone No. <u>628 380-1958</u>	NE 1/4 NW 1/4 Sec <u>23</u> Twn <u>55</u> Rng <u>12W</u>		
Well / Borehole Data			
Date drilling started: <u>1/15/09</u>	Date drilling completed: <u>1/16/09</u>	Hole depth: <u>320'</u>	Hole diameter: <u>5"</u>
Location of the source of any surface water used for drilling: <u>Shop</u>			
Method of dosing and volume of Chlorine used in drilling and development: <u>1/2 lb per 1000 lb of chlorine</u>			
Logs run (circle all applicable): <u>No log run</u> Electric <u>X</u> Gamma Ray Density Sonic Neutron Other: _____			
Name of organization running log(s): <u>N/A</u>			
Purpose of borehole (check one): Water Well <u>X</u> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____			
Seismic Survey _____ Other (describe) _____			
<i>If drilling is not related to water well construction, skip the remainder of this block</i>			
Purpose of Well (check one): Home <u>X</u> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____			
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>40</u> feet above or below (circle one) land surface		Date measured: <u>1/16/09</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>Plumb Bob</u>			
Well depth: <u>320</u> feet		Well grouted to a depth of <u>15</u> feet	
Type of grout (circle one): <u>Neat Cement</u> Bentonite Mix			
Casing length: <u>310</u> feet		Casing diameter: <u>2</u> inches	
Type of casing: <u>PVC</u>			
Screen length: <u>10</u> feet		Screen diameter: <u>2</u> inches	
Type of screen: <u>PVC</u>			
Screen slot size: <u>.006</u> inches		Setting depth: From <u>310</u> feet to <u>320</u> feet	
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u>			
Other (describe): _____			
Top of lap pipe or reduction in casing: <u>N/A</u> feet <i>If telescoped or more than one screen, describe on next page</i>			

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 #: 0-652
 Driller: R Mason
 Date completed: 1/16/09
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: B-287
 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>David Douglas</u>	Latitude: <u>30° 35' 53" N</u>	Longitude: <u>-89° 9' 51" W</u>	<u>34</u>
Mailing Address: <u>19480 Frank Ladner</u> <u>Sawyer, MS 39564</u>	Method of Lat/Long (check one): <u>Conventional Survey</u> <i>google</i>		
City _____ State _____ Zip Code _____	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____		
Telephone No. <u>(228) 380-1938</u>	Distance <u>10</u> Miles	Direction <u>N</u>	Nearest Town <u>710/Gulfport</u> <u>HWY 79</u>

Pump Type Circle one			Power Type Circle one		
Air Lift	<input checked="" type="radio"/> Jet	Submersible	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	<input type="radio"/> Piston	Turbine	<input checked="" type="radio"/> Electric Motor	Hand	Tractor PTO
Centrifugal	<input type="radio"/> Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: _____		
Date Pump Installed: <u>1/16/09</u>			Setting Depth: <u>60</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>1/16/09</u>	Air Line	Electric Measuring Line	Steel Tape
Static Water Level (A): <u>40</u> Feet Below Land Surface	Other (specify): <u>Plumb Bob</u>		
Pumping Water Level (B): <u>40</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet		
Drawdown [(B) - (A)]: <u>0</u> Feet Below Land Surface	Well yielded <u>3</u> GPM	with a drawdown of _____	
Test Pumping Rate: <u>3</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.

Ronald D. Mason 0-652 Ronald D. Mason
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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