

### 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 #: 0-209  
 Driller: R. Mason  
 Date drilling completed: 8/11/06

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: C-369  
 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.*

<b>Information on Well Owner</b> (Landowner if borehole is not for a water well)		<b>Well or Borehole Location</b>	
Owner Name: <u>Eddie Klean</u>	Latitude: _____ Longitude: _____	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	
Mailing Address: <u>20059 Scarborough Rd.</u>	USGS quad, Hand-held GPS, Survey-grade GPS	_____ 1/4 _____ 1/4 Sec <u>32</u> Twn <u>5S</u> Rng <u>11W</u>	
<u>Scaliger, MS</u>	Distance _____ Direction _____ Nearest Town _____	_____ Miles <u>N</u> of <u>Gulfport</u>	
City _____ State _____ Zip Code _____	Telephone No. <u>( ) 806-9257</u>		

**Well / Borehole Data**

Date drilling started: 8/10/06 Date drilling completed: 8/11/06 Hole depth: 280 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 gal 89.50 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): Home  Industrial \_\_\_\_\_ Public Supply \_\_\_\_\_ Irrigation \_\_\_\_\_ Fish Culture \_\_\_\_\_ Other: \_\_\_\_\_

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

Static Water Level: 105 feet above or below (circle one) land surface Date measured: 8/11/06

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

Well depth: 280 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement  Bentonite \_\_\_\_\_ Mix \_\_\_\_\_

Casing length: 370 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 270 feet to 280 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: 8/11/06  
*Copy information from block on Part 1*

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: C-369  
 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**  
 Owner Name: Eddie Klean  
 Mailing Address: 20057 Scarbaugh Rd.  
Saucier, MS  
 City State Zip Code  
 Telephone No. ( ) 806-9257

**Well Location**  
 Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_  
 Method of Lat/Long (check one):  Conventional Survey \_\_\_\_\_  
 USGS quad \_\_\_\_\_  Hand-held GPS \_\_\_\_\_  Survey-grade GPS \_\_\_\_\_  
 \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 Sec 32 T 55 R 11 W  
 Distance Direction Nearest Town  
7 Miles N of Gulfport

**Pump Type**  
 Circle one  
 Air Lift  Jet   **Submersible**  
 Bucket  Piston  Turbine  
 Centrifugal  Rotary  Flowing Well  
 Other (specify): \_\_\_\_\_  
 Date Pump Installed: 8/11/06  
 Rated Pump Capacity: 15 Gallons Per Minute

**Power Type**  
 Circle one  
 Diesel Engine  Gasoline Engine  Natural Gas   
 **Electric Motor**  Hand  Tractor PTO  
 Windmill  Other (specify): \_\_\_\_\_  
 Horse Power Rating of Motor: 1  
 Setting Depth: 120 feet  
 Number of Stages: 14

**Pump Test Data**  
 Date Well Tested: 8/11/06  
 Static Water Level (A): 120 Feet Below Land Surface  
 Pumping Water Level (B): 120 Feet Below Land Surface  
 Drawdown [(B) - (A)]: 0 Feet Below Land Surface  
 Test Pumping Rate: 15 Gallons Per Minute  
 Duration of Pump Test (minimum 4 hours): 4 hours

**Method of Measuring Water Level**  
 Circle one  
 Air Line  Electric Measuring Line  Steel Tape   
 Other (specify): Plumb bob  
 For flowing well, measured slant in head: N/A feet  
 Well yielded 15 GPM with a drawdown of  
0 feet after 4 hours of pumping

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

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 Form: OLWR-SWR-1B  
 SEP 08 2006  
 BY: OLWR