

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 #: _____
 Driller: 0785
 Date drilling completed: 7-10-07

For Office Use Only:

Aquifer: _____
 Well #: C-375
 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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>T.D. or Martha Tyrone</u>	Latitude: <u>N 30° 34' 48"</u> Longitude: <u>89° 04' 39"</u>
Mailing Address: <u>14159 E. Wortham Rd</u> <u>Saucier MS 39574</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> , Conventional Survey, <u>27</u> <u>23</u>
City: _____ State: _____ Zip Code: _____	USGS quad: _____ Survey-grade GPS
Telephone No. <u>(228) 623-5726</u>	_____ 1/4 _____ 1/4 Sec <u>27</u> Twn <u>55</u> Rng <u>11W</u>
	Distance _____ Direction _____ Nearest Town _____ Miles _____ of _____

Well / Borehole Data

Date drilling started: 7-10-07 Date drilling completed: 7-10-07 Hole depth: 190 Hole diameter: 5"

Location of the source of any surface water used for drilling: _____
 Method of dosing and volume of Chlorine used in drilling and development: _____

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 _____ Other (describe) _____

Static Water Level: 90 feet above or below (circle one) land surface Date measured: 7-10-07

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

Well depth: 190' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 180' feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 10' feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: 100u inches Setting depth: From 180' feet to 180' 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: _____ feet. ***If telescoped or more than one screen, describe on next page***

RECEIVED
AUG 08 2007
BY: OLWR

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 #: _____
 Driller: 0785
 Date completed: 7-10-07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: C-375
 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>T.D. or Martha Tyrone</u>	Latitude: <u>N 30° 34.458'</u> Longitude: <u>99° 04.291'</u>
Mailing Address: <u>14159 E. Wortham Rd</u> <u>Saucier MS 39574</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ _____ ¼ _____ ¼ Sec. <u>27</u> T <u>5S</u> R <u>11W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____
Telephone No. (<u>228</u>) <u>623-5726</u>	

Pump Type Circle one	Power Type Circle one
Air Lift _____ <input checked="" type="radio"/> Jet _____ Submersible _____	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Bucket _____ Piston _____ Turbine _____	<input checked="" type="radio"/> Electric Motor _____ Hand _____ Tractor PTO _____
Centrifugal _____ Rotary _____ Flowing Well _____	Windmill _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2</u> _____ feet
Date Pump Installed: <u>7-10-07</u>	Setting Depth: _____ feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>3</u>

RECEIVED
 AUG 08 2007
 BY: OLWR

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-10-07</u>	Air Line _____ Electric Measuring Line _____ <input checked="" type="radio"/> Steel Tape _____
Static Water Level (A): <u>90'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>120'</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>30'</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	

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

Malvin Wagon 0785 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer