

County: Harrison  
 Permit #: 0-209  
 Driller: R. Mason  
 Date drilling completed: 1-8-07

**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: \_\_\_\_\_  
 Well #: F-170  
 I. S. Elevation: \_\_\_\_\_  
 B-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><b>Information on Well Owner</b>  <i>(Landowner if borehole is not for a water well)</i>          Owner Name: <u>Rence Blackwell</u>          Mailing Address: <u>5871 Wolf Run</u>  <u>Gulfport, MS 39501</u>          City: _____ State: _____ Zip Code: _____          Telephone No. ( ) _____</p>	<p><b>Well or Borehole Location</b>          Latitude: _____ Longitude: _____          Method of Lat/Long (circle one): Conventional Survey,          USGS quad, Hand-held GPS, Survey-grade GPS          _____ 1/4 _____ 1/4 Sec <u>34</u> Twp <u>10S</u> Rng <u>13E</u>          Distance _____ Direction _____ Nearest Town _____  <u>10 Miles North of Pass Christian</u></p>
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**Well / Borehole Data**  
 Date drilling started: 1/7/07 Date drilling completed: 1/8/07 Hole depth: 410' Hole diameter: 4"x2"  
 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% 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 driller 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: 85 feet above or below (circle one) land surface Date measured: 1-8-07  
 Method of Measurement (circle one) steel tape electric tape air line other: plumb bob  
 Well depth: 410' Well grouted to a depth of 15 feet Type of grout (circle one): Best Cement Bentonite Mix  
 Casing length: 400 feet Casing diameter: 4"x2" inches Type of casing: PVC  
 Screen length: 10 feet Screen diameter: 4"x2" inches Type of screen: PVC  
 Screen slot size: .006 inches Setting depth: From 400 feet to 410 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)

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: E-170  
 Elevation: \_\_\_\_\_

County: HARRISON  
 Permit #: 0-209  
 Driller: R. Mason  
 Date completed: 1-8-07  
 Copy Information from Block on Part 1

*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>Renee Blackwell</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>5871 Wolf Run</u> <u>Gulfport MS</u> <u>39501</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec. <u>34 T10S R13W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____ <u>10 Miles North of Pass Christian</u>
Telephone No. ( ) _____	

Pump Type Circle one	Power Type Circle one
Air Lift      Jet <u>Submersible</u>	Diesel Engine      Gasoline Engine      Natural Gas
Bucket      Piston      Turbine	<u>Electric Motor</u> Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	House Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>1-8-07</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-8-07</u>	Air Line      Electric Measuring Line      Steel Tape
Static Water Level (A): <u>85</u> Feet Below Land Surface	Other (specify): <u>Plumb bob</u>
Pumping Water Level (B): <u>85</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>15</u> GPM with a drawdown of
Test Pumping Rate: <u>15</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      Dwight Mason  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

Form: OLWR-SWR-1B

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