

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: 0-785

Date drilling completed: 3-4-10

For Office Use Only:

Aquifer: E 184

Well #: _____

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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Danny Cantrell</u>	Latitude: <u>30° 28' 42.5"</u> Longitude: <u>89° 17' 6.6"</u>
Mailing Address: <u>Ø</u>	Method of Lat/Long (circle one): Conventional Survey, <u>25</u>
<u>Cable Bridge Rd.</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Gulfport Ms, 39503</u>	<u>NE 1/4 SW 1/4</u> Sec <u>33</u> Twn <u>6S</u> Rng <u>13W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>228</u> <u>493-0090</u>	_____ Miles _____ of _____

Well / Borehole Data

Date drilling started: 3-4 Date drilling completed: 3-4 Hole depth: 340' 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: 80 feet above or below (circle one) land surface Date measured: 3-4-10

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

Well depth: 340 Well grouted to a depth of 10 feet (200) (120) Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 320 feet Casing diameter: 3" x 2" inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 320 feet to 340 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*

Form: OLWR-SWR-1A

RECEIVED
MAR 26 2010
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)354-6933 (fax)

County: Harrison
 Permit #: _____
 Driller: 0-785
 Date completed: 3-8-10
Copy information from block on Part 1

For Office Use Only:

Aquifer: E184
 Well #: _____
 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>Danny Cantrell</u>	Latitude: <u>30° 28.425'</u> Longitude: <u>89° 17.616'</u>
Mailing Address: <u>Ø</u>	Method of Lat-Long (check one): Conventional Survey _____
<u>Cable Bridge Rd</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
<u>Gulfport Ms. 39503</u>	_____ W _____ S _____ T _____ R _____
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>228</u> <u>493-0090</u>	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="checkbox"/> <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): _____	Horse Power Rating of Motor: <u>1.5</u>
Date Pump Installed: <u>3-8-10</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>22</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-8-10</u>	Air Line _____ Electric Measuring Line _____ <u>Steel Tape</u>
Static Water Level (A): <u>80</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
Draw-down [(B) - (A)]: <u>40</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
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 WAGNON 0-785
 Print Name of Pump Installer and License No. (if applicable)

Malv Wagnon
 Signature of Pump Installer

Form: OLWR-SWR-1B

MAR 28 2010

EX: OMRP