

State Well Report

Part I - 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: O-785
Date drilling completed: 11-18-10

For Office Use Only:
Aquifer: E 188
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)
Owner Name: Chuck Butler
Mailing Address: Honey's Way Lot #16, Gulfport, MS, 39503
Telephone No.: 547-2798
Well or Borehole Location
Latitude: 30° 32.47940 Longitude: 89° 14.20036
Method of Lat/Long: Conventional Survey
USGS quad: NE 12 Twn 6 S Rng 13 W

Well / Borehole Data
Date drilling started: 11-18 Date drilling completed: 11-18 Hole depth: 300' 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 logs:
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: 11-18-10
Method of Measurement (circle one): steel tape electric tape air line other:
Well depth: 300' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 280 feet Casing diameter: (200' 3" 80'-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 280 feet to 300 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

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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 10621
 Jackson, MS 39289-0631
 (601) 961-5210
 (601) 354-6953 (fax)

County: Harrison
 Permit #: _____
 Driller: _____
 Date completed: 11-19-10
Copy information from block on Part 1

For Office Use Only:

Aquifer: E 188
 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>Chuck Butler</u>	Latitude: <u>30° 32' ⁴⁰ 29"</u>	Longitude: <u>89° 14' ³⁶ 00"</u>	
Mailing Address: _____	Method of Lat Long (check one): Conventional Survey _____		
<u>Henry's Way Lot #16</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____		
<u>Gulfport MS, 39003</u>	NE 1/4 NE 1/4 Sec 12 T 65 R 13W		
City State Zip Code	Distance _____ Miles	Direction _____	Nearest Town _____
Telephone No. (____) <u>547-2798</u>	_____ of _____		

Pump Type			Power Type		
Circle one			Circle one		
Air Lift	Jet	<input checked="" type="radio"/> 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>1.5</u>		
Date Pump Installed: <u>11-19-10</u>			Setting Depth: <u>140</u> feet		
Rated Pump Capacity: <u>22</u> Gallons Per Minute			Number of Stages: _____		

Pump Test Data		Method of Measuring Water Level	
Circle one		Circle one	
Date Well Tested: <u>11-19-10</u>	Air Line	Electric Measuring Line	<input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>80</u> Feet Below Land Surface	Other (specify): _____		
Pumping Water Level (B): <u>160</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet		
Drawdown (B) - (A): <u>80</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.

REGGIE PETERMAN P759 _____
 Print Name of Pump installer and License No. (if applicable) Signature of Pump installer

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