

State Well Report

Part I

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-458
 L. S. Elevation: _____
 B-log #: _____

County: Harrison 047
 Permit #: _____
 Driller: R. Mason
 Date drilling completed: 1-6-05

Coastal Drilling and Service Company

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Robert Minimus</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Mary Shammus Gulfport MS 39503</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	_____ 1/4 _____ 1/4 Sec <u>2</u> Twn <u>6S</u> Rng <u>12W</u>
Telephone No. <u>596-2114</u>	Distance: <u>7</u> Miles Direction: <u>W</u> of Nearest Town: <u>Sp6</u>

Well Data

Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 1-6-05 Date well drilling completed: 1-6-05

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 70 feet above or below (circle one) land surface Date measured: 1-6-05

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

Hole depth: 320 Well depth: 310 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 310 feet Casing diameter: 2 inches Type of casing: PRC

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PRC

Screen slot size: .006 inches Setting depth: From 310 feet to 320 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 back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Dwight Mason 0-209
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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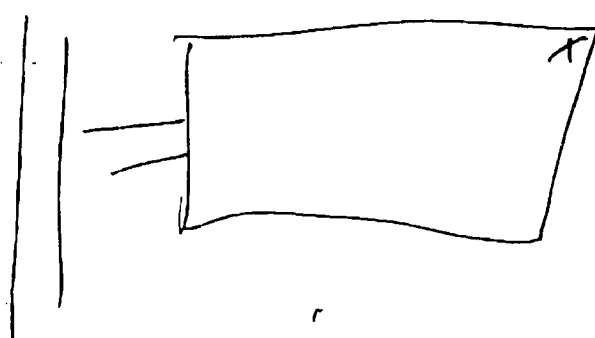
If well telescopes please sketch below and show depths.

Ground Level F-458


Description of Formations Encountered	From	To
TOP	0	0
clay	0	30
hard clay	30	75
fine sand	75	170
clay	170	340
fine sand	340	360
coarse sand	360	380

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



Landowner Name: Robert Munnis



 Signature of Water Well Contractor

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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 #: F-458

Elevation: _____

County: B. Mason
 Permit #: _____
 Driller: B. Mason
 Date completed: 1-6-05

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Robert Mims</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Maury Shennis</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City: <u>MS 3903</u> State: _____ Zip Code: _____	<u>1/4</u> <u>1/4</u> Sec. <u>2</u> Twn <u>65</u> Rng <u>12W</u>
Telephone No. <u>596-2164</u>	Distance: <u>7</u> Miles Direction: <u>W</u> of Nearest Town: <u>Spt</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible <input type="radio"/>	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/>
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine <input type="radio"/>	<input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>1-7-05</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>9</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-7-05</u>	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>70</u> Feet Below Land Surface	Other (specify): <u>Plumb</u>
Pumping Water Level (B): <u>80</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>9</u> Gallons Per Minute	
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
 Print Name of Pump Installer and License No. (if applicable) _____
 Signature of Pump Installer _____

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