

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-473
L. S. Elevation: _____
E-log #: _____

County: Harrison
Permit #: 0-209
Driller: R. Mason
Date drilling completed: 7/19/06

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>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Marian Saucier</u> Mailing Address: <u>150 Clark & Gulf Haven</u> <u>Gulfport</u> MS <u>39502</u> City State Zip Code Telephone No. () _____</p>		<p>Well or Borehole Location</p> <p>Latitude: " ' " Longitude: " ' "</p> <p>Method of Lat/Long (circle one): <u>Conventional Survey</u>, USGS quad, Hand-held GPS, Survey-grade GPS 1/4 1/4 Sec <u>33</u> Twn <u>6S</u> Rng <u>12W</u> Distance Direction Nearest Town <u>7</u> Miles <u>N</u> of <u>Gulfport</u></p>	
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Well / Borehole Data

Date drilling started: 7/19/06 Date drilling completed: 7/19/06 Hole depth: 360 Hole diameter: 4x2

Location of the source of any surface water used for drilling: Shed
Method of dosing and volume of Chlorine used in drilling and development: 1/2 lb per 1000 gal 89 ppm chlorine

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 N/A Other (describe) _____

Static Water Level: 100 feet above or below (circle one) land surface Date measured: 7/19/06
Method of Measurement (circle one) steel tape electric tape air line other plumb line

Well depth: 360 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bestonite Mix
Casing length: 350 feet Casing diameter: 4x2 inches Type of casing: PVC
Screen length: 10 feet Screen diameter: 4x2 inches Type of screen: PVC
Screen slot size: .006 inches Setting depth: From 350 feet to 360 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 #: F-473
 Elevation: _____

County: Harrison
 Permit #: 0-209
 Driller: R. Mason
 Date completed: 7/19/06
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>Marian Sanchez</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>50 Clark + Gulf Haven</u>	Method of Lat/Long (check one): Conventional Survey _____		
<u>Gulfport, MS 39503</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____		
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>33</u> T. <u>69S</u> R. <u>2W</u>		
Telephone No. () _____	Distance	Direction	Nearest Town
	<u>7</u> Miles	<u>N</u>	of <u>Gulfport</u>

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): _____			Horse Power Rating of Motor: <u>1</u>		
Date Pump Installed: <u>7/19/06</u>			Setting Depth: <u>120</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>7/19/06</u>	Air Line	Electric Measuring Line	Steel Tape
Static Water Level (A): <u>100</u> Feet Below Land Surface	Other (specify): <u>Plumb bob</u>		
Pumping Water Level (B): <u>100</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
 Print Name of Pump Installer and License No. (if applicable)

Dwight Mason
 Signature of Pump Installer

RECEIVED
 Form: OLWR-SWR-1B
 AUG 10 2006
 BY: OLWR