

County: Harrison  
 Permit #: 0-209  
 Driller: R. Mason  
 Date drilling completed: 12/1/06

**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)

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: F-479  
 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>Don Hill</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>3215 Shaw Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Gulfport, MS 39503</u>	_____° _____' _____" Sec. <u>15</u> Twp. <u>6S</u> Rng. <u>12W</u>
City State Zip Code	Distance _____ Direction _____ Nearest Town _____
Telephone No. ( ) _____	<u>1 1/2</u> Miles <u>N</u> of <u>Gulfport</u>

**Well / Borehole Data**

Date drilling started: 11/30/06 Date drilling completed: 12/1/06 Hole depth: 580' Hole diameter: 4" x 2"

Location of the source of any surface water used for drilling: Shop

Method of casing 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: 145 feet above or below (circle one) land surface Date measured: \_\_\_\_\_

Method of Measurement (circle one) steel tape \_\_\_\_\_ electric tape \_\_\_\_\_ air line \_\_\_\_\_ other: plumb bob

Well depth: 580 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite \_\_\_\_\_ Mix \_\_\_\_\_

Casing length: 570 feet Casing diameter: 4 x 2 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 x 2 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 570 feet to 580 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

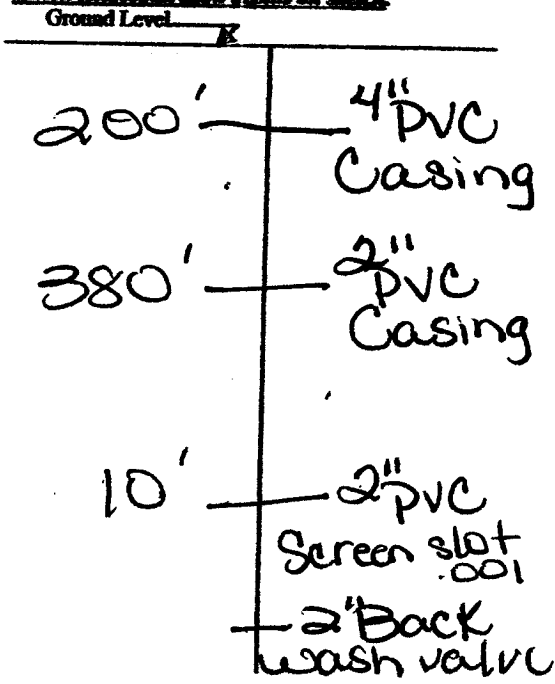
Form: OLWR-SWR-1A

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F-479

The sketch below only required for water wells

If well telescopes, show depths on sketch



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

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) Ground Level	To (depth)
Top Soil	0	2
Red Clay	2	15
White Sand	15	45
Red Sandy Clay	45	75
Soft Blue Clay	75	125
Fine H <sub>2</sub> O Sand (Rist)	125	175
Hard Blue Clay	175	200
Hard Blue Clay	200	320
Course H <sub>2</sub> O Sand Rist	320	400
Hard Blue Clay	400	420
Fine H <sub>2</sub> O Sand	420	535
Course H <sub>2</sub> O Sand	535	550

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) a north arrow.

Landowner Name: \_\_\_\_\_

Form: OLWR-SWR-1A

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

Dwight Mason 0-009

Print Name of Responsible Licensee and License No.

Date

Dwight Mason

Signature of Licensee

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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)

County: Harrison  
 Permit #: 0-209  
 Driller: R. Mason  
 Date completed: 12/1/06  
*Copy information from Meck on Part 1*

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: F-479  
 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>Don Hill</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>3215 Shaw Rd</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>15 T 6 S R 12 W</u>		
Telephone No. ( ) _____	Distance <u>1 1/2</u> Miles	Direction <u>N</u>	Nearest Town <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>3</u>		
Date Pump Installed: <u>12/1/06</u>			Setting Depth: <del>100</del> <u>160</u> feet		
Rated Pump Capacity: <del>100</del> _____ Gallons Per Minute			Number of Stages: <del>2</del> <u>2</u>		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: _____	Static Water Level (A): <u>145</u> Feet Below Land Surface	Air Line	Electric Measuring Line
Pumping Water Level (B): <u>145</u> Feet Below Land Surface	Drawdown [(B)-(A)]: <u>0</u> Feet Below Land Surface	Steel Tape	
Test Pumping Rate: <del>100</del> _____ Gallons Per Minute	Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Other (specify): <u>Plumb bob</u>	
		For flowing well, measured shut in head: <u>N/A</u> feet	
		Well yielded <del>100</del> _____ GPM with a drawdown of <u>0</u> feet after <u>4</u> hours of pumping	

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

Form: OLWR-SWR-1B

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