

County: Harrison  
 Permit #: 0-652  
 Driller: R. Mason  
 Date drilling completed: 5/13/07

**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-485  
 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>Diane Mitchell</u>	Latitude: <u>30.5001 N</u> Longitude: <u>89.1698 W</u>
Mailing Address: <u>15896 John Clark</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Gulfport MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>39503</u>	<u>1/4</u> <u>1/4</u> Sec <u>23</u> Twn <u>65</u> Rng <u>12w</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No: <u>228861 0700</u>	<u>Miles</u> of <u>Gulfport</u>

**Well / Borehole Data**

Date drilling started: 5/12/07 Date drilling completed: 5/13/07 Hole depth: 640 Hole diameter: 4x2

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

Method of dosing and volume of Chlorine used in drilling and development: 1/2 lb. per 1000 lb 89% 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: 5/13/07

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

Well depth: 640 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 630 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 630 feet to 640 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): \_\_\_\_\_

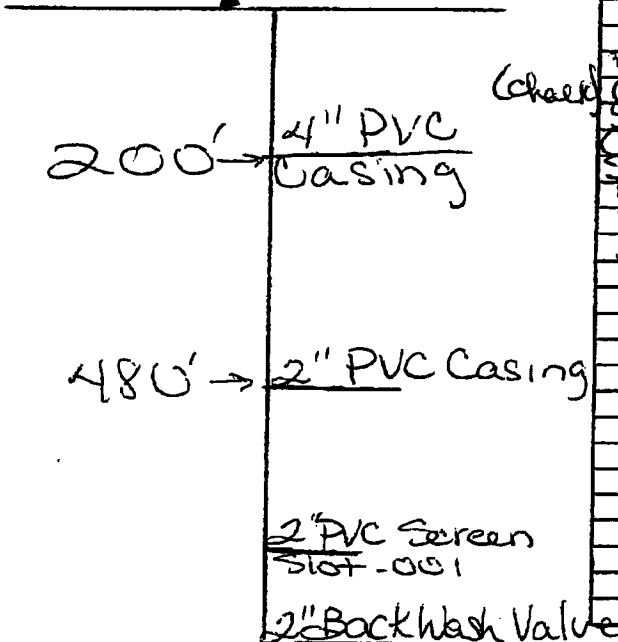
Top of lap pipe or reduction in casing: N/A feet. *If telescoped or more than one screen, describe on next page*

F-485

The sketch below only required for water wells

If well telescopes, show depths on sketch

Ground Level →



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	3
Red Sandy Clay	3	35
Course White Gravel	35	65
Soft Blue Clay	65	230
Course H.O Sand	230	240
Soft Blue Clay	240	300
Hard Blue Clay	300	610
Hard H.O Sand	610	670

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) a north arrow.

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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.

Ronald D. Mason 0.652

[Signature]

Print Name of Responsible Licensee and License No.

Date

8/24/07

Signature of Licensee

### 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 #: 0-052  
 Driller: R. Mason  
 Date completed: 5/13/07  
*Copy information from block on Part 1*

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: F-485  
 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>Diane Mitchell</u>	Latitude: <u>30.5061N</u>	Longitude: <u>89.1698W</u>	
Mailing Address: <u>15896 John Clark</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey		
	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____		
	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____		
Telephone No. <u>228.861.0700</u>	Distance _____	Direction _____	Nearest Town <u>Bulfport</u>
	_____ Miles _____ of _____		
City _____	State _____	Zip Code _____	

Pump Type Circle one			Power Type Circle one		
Air Lift	Jet	<input checked="" type="radio"/> Submersible	<input checked="" type="radio"/> 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>2</u>		
Date Pump Installed: <u>5/13/07</u>			Setting Depth: <u>120</u> feet		
Rated Pump Capacity: <u>28</u> Gallons Per Minute			Number of Stages: <u>18</u>		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: <u>5/13/07</u>	Static Water Level (A): <u>100</u> Feet Below Land Surface	Air Line	Electric Measuring Line
Pumping Water Level (B): <u>100</u> Feet Below Land Surface	Drawdown [(B) - (A)]: <u>0</u> Feet Below Land Surface	Other (specify): <u>Plumb Bob</u>	
Test Pumping Rate: <u>28</u> Gallons Per Minute	Duration of Pump Test (minimum 4 hours): <u>4</u> hours	For flowing well, measured shut in head: <u>N/A</u> feet	
		Well yielded <u>28</u> 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.

Ronald D. Mason 0-052 Print Name of Pump Installer and License No. (if applicable)      Ronald D. Mason Signature of Pump Installer