

# 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-486  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Harrison  
 Permit #: 0-652  
 Driller: R. Mason  
 Date drilling completed: 5/17/07

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><b>Information on Well Owner</b>  <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Jim Parker</u>        Mailing Address: <u>18407 Pine Forest</u>  <u>Gulfport, MS</u>  <u>832. 64104</u>        City State Zip Code        Telephone No. ( ) _____</p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>30°29'6.78" N</u> Longitude: <u>89°8'57.50" W</u>        Method of Lat/Long (circle one): <u>07</u> Conventional Survey <u>08 54</u>        USGS quad, Hand-held GPS, Survey-grade GPS        1/4 1/4 Sec <u>36</u> Twn <u>65</u> Rng <u>12 W</u>        Distance Direction Nearest Town        _____ Miles _____ of <u>Gulfport</u></p>
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**Well / Borehole Data**

Date drilling started: 5/16/07 Date drilling completed: 5/17/07 Hole depth: 520' Hole diameter: 4" x 2"

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: 85 feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Well depth: 520 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 510 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 510 feet to 520 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



# 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 #: 0-652  
 Driller: R. Mason  
 Date completed: 5/17/07  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: F-486  
 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>Jim Parker</u>	Latitude: <u>30° 29' 6.7848" N</u> Longitude: <u>-89° 8' 57.5010" W</u>
Mailing Address: <u>18407 Pine Forest</u> <u>Gulfport MS</u> <u>395.64104</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec _____ T _____ R _____
City: _____ State: _____ Zip Code: _____	Distance _____ Direction _____ Nearest Town: <u>Gulfport</u>
Telephone No. (____) _____	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift: Jet _____ <b>Submersible</b> _____	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Bucket: Piston _____ Turbine _____	<b>Electric Motor</b> _____ Hand _____ Tractor PTO _____
Centrifugal: Rotary _____ Flowing Well _____	Windmill _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>5/17/07</u>	Setting Depth: <u>100</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>5/17/07</u>	Air Line _____ <b>Electric Measuring Line</b> _____ Steel Tape _____
Static Water Level (A): <u>85</u> Feet Below Land Surface	Other (specify): <u>Plumb Bob</u>
Pumping Water Level (B): <u>85</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>∞</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>∞</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Ronald D. Mason 0652 x Ronald D. Mason  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B