

County: Harrison  
 Permit #: \_\_\_\_\_  
 Driller: 0785  
 Date drilling completed: 4-13-10

**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 #: F506  
 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.*

<p><b>Information on Well Owner</b>  <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Kernie Northrup</u>        Mailing Address: <u>17161</u>  <u>Carlton Cuevas Rd.</u>  <u>Gulfport Ms. 39505</u>        City State Zip Code        Telephone No. ( ) <u>Ø</u></p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>30° 32.073'</u> Longitude: <u>89° 13.733'</u>        Method of Lat/Long (circle one): <u>04</u> <u>89-13-44</u>        USGS quad: <u>Hand-held GPS</u>, Survey-grade GPS  <u>NW 1/4 SE 1/4</u> Sec <u>7</u> Twn <u>6S</u> Rng <u>12W</u>        Distance Direction Nearest Town        _____ Miles _____ of _____</p>
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**Well / Borehole Data**

Date drilling started: 4-13 Date drilling completed: 4-13 Hole depth: 140' Hole diameter: 5"

Location of the source of any surface water used for drilling: \_\_\_\_\_  
 Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

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

Static Water Level: 85 feet above or below (circle one) land surface Date measured: 4-13-10

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

Well depth: 140 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 140 feet Casing diameter: 3" inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 2" inches Type of screen: PVC

Screen slot size: 1006 inches Setting depth: From 140 feet to 160 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 next page*

Form: OLWR-SWR-1A  
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**BY: OLWR**





# 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)981-5210  
 (601)354-6938 (fax)

County: HARRISON  
 Permit #: \_\_\_\_\_  
 Driller: WAGNON WELL  
 Date completed: 6-18-10  
 Copy information from block on Part 1

For Office Use Only:

Aquifer: F.506  
 Well #: \_\_\_\_\_  
 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

Owner Name: KERNIE NORTHRUP Well Location Latitude: 30° 32.073' Longitude: 89° 13.233'  
 Mailing Address: 17161 CARLTON CUEVAS RD Method of Lat Long (check one): Conventional Survey \_\_\_\_\_  
OSWALTO MS 39503 USGS quad \_\_\_\_\_ Hand-held GPS  Survey-grade GPS \_\_\_\_\_  
 City State Zip Code NW 1/4 SE 1/4 Sec 7 T. 6S R. 12W  
 Telephone No. 228 669-9853 Distance \_\_\_\_\_ Direction \_\_\_\_\_ Nearest Town \_\_\_\_\_  
 \_\_\_\_\_ Miles \_\_\_\_\_ of \_\_\_\_\_

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>1.5</u>		
Date Pump Installed: <u>6-18-10</u>			Setting Depth: <u>120</u> feet		
Rated Pump Capacity: <u>22</u> Gallons Per Minute			Number of Stages: _____		

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-18-10</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>85</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>120</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>35</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	

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

Anthony Fiverson License No. 0-805 Signature of Pump Installer

Form: OLWR-SWR-1B  
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 JUN 25 2010  
**BY: OLWR**