

County: Harrison
 Permit #: _____
 Driller: 0-285
 Date drilling completed: 11-15-10

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: F 509
 Well #: _____
 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>Gary Potter</u>	Latitude: <u>30° 31.642' 39" N</u> Longitude: <u>89° 10.275' 18" W</u>
Mailing Address: <u>20025 Morgan Ln. Gulfport MS 39503</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS
City: _____ State: _____ Zip Code: _____	USGS quad: <u>NE 15-65-12W</u>
Telephone No. (____) _____	Distance _____ Miles Direction _____ Nearest Town _____

Well / Borehole Data

Date drilling started: 11-15 Date drilling completed: 11-15 Hole depth: 600' 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 120 feet above or below (circle one) land surface Date measured: 11-15-10

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

Well depth: 600' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 580 feet Casing diameter: (200'-3" / 380'-2") inches Type of casing: PVC

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

Screen slot size: .006 inches Setting depth: From 580 feet to 600 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*

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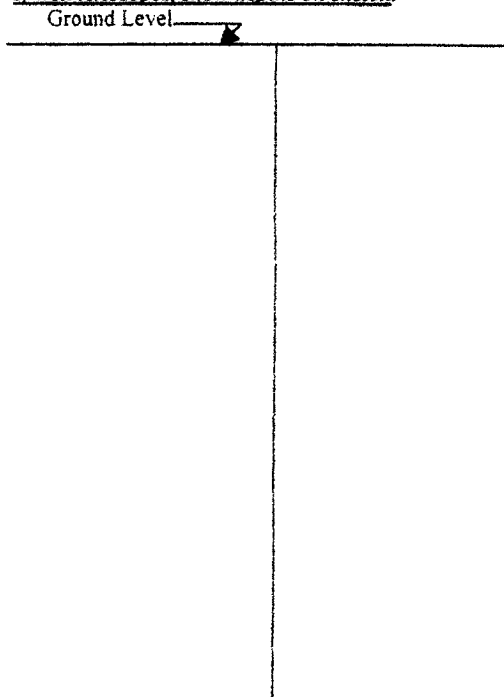
DEC 14 2010
BY: OLWR

F 509

The sketch below only required for water wells

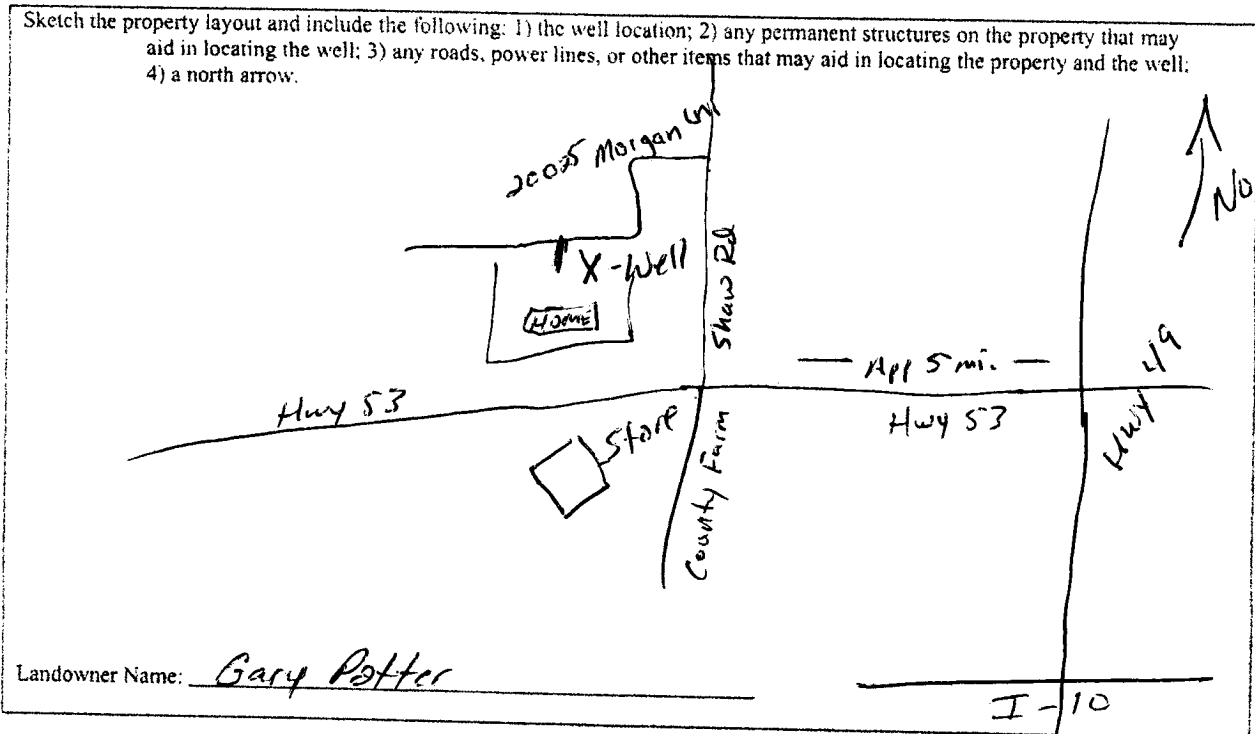
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	15
Sand	15	65
Clay	65	140
Sand	140	180
Clay	180	260
Sand	260	275
Clay	275	560
Sand	560	600

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



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.

MALVIN WAGNON 0-785 11-15-10

[Signature]

Print Name of Responsible Licensee and License No.

Date

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)354-6958 (fax)

County: Harrison
 Permit #: _____
 Driller: _____
 Date completed: 11-16-10
Copy information from block on Part 1

For Office Use Only:

Aquifer: F509
 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		Well Location	
Owner Name: <u>Gary Potter</u>	Latitude: <u>30° 31' 64"</u>	Longitude: <u>89° 10' 295"</u>	
Mailing Address: <u>20025 Morgan Ln. Gulfport Ms. 39503</u>	Method of Lat Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ <u>NE 1/4 NE 1/4 Sec 15 T 6 S R 12 W</u>		
City: _____ State: _____ Zip Code: _____	Distance: _____ Miles	Direction: _____	Nearest Town: _____
Telephone No. (____) _____	_____ of _____		

Pump Type Circle one			Power Type Circle one		
Air Lift	Jet	<input checked="" type="radio"/> Submersible	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>1.5</u>		
Date Pump Installed: <u>11-16-10</u>			Setting Depth: <u>180</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>11-16-10</u>	Static Water Level (A): <u>120</u> Feet Below Land Surface	Air Line	Electric Measuring Line
Pumping Water Level (B): <u>180</u> Feet Below Land Surface	Drawdown [(B) - (A)]: <u>60</u> Feet Below Land Surface	<input checked="" type="radio"/> Steel Tape	
Test Pumping Rate: _____ Gallons Per Minute	Duration of Pump Test (minimum 4 hours): <u>24</u> hours	Other (specify): _____	
		For flowing well, measured shut in head: _____ feet	
		Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping	

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

REGGIE PETERMAN #P759 Reggie Peterman
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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