

### 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)

County: Harrison  
 Permit #: 0-209  
 Driller: R. Mason  
 Date drilling completed: 12/17/05

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: G-514  
 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> (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Gary Strain Painting</u>          Mailing Address: <u>20476 Strain Rd.</u>  <u>Gulfport, MS 39503</u>          City State Zip Code          Telephone No. ( ) <u>831-8700</u></p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: " ' " Longitude: " ' " "</p> <p>Method of Lat/Long (circle one): <u>Conventional Survey</u>          USGS quad, Hand-held GPS, Survey-grade GPS          _____ 1/4 _____ 1/4 Sec. <u>19</u> Twn <u>6S</u> Rng <u>11W</u></p> <p>Distance _____ Miles Direction <u>W</u> of Nearest Town <u>Gulfport</u></p>
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**Well / Borehole Data**

Date drilling started: 12/16/05 Date drilling completed: 12/17/05 Hole depth: 170 Hole diameter: 7 1/2

Location of the source of any surface water used for drilling: Stream  
 Method of dosing and volume of Chlorine used in drilling and development: 1/2 lb per 1000 gal 39% 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 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: 40 feet above or below (circle one) land surface Date measured: 12/17/05

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

Well depth: 170 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite \_\_\_\_\_ Mix \_\_\_\_\_

Casing length: 160 feet Casing diameter: 3 1/2 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 3/8 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 160 feet to 170 feet

Type of completion (circle all applicable): Gravel packed \_\_\_\_\_ Underreamed \_\_\_\_\_ Telecased \_\_\_\_\_ Open hole \_\_\_\_\_ Natural Development  
 Other (describe): \_\_\_\_\_

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

Form: OLWR-SWR-1A

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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: 12/17/05  
*Copy information from block on Part 1*

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: 0-514  
 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 on both parts filed with the Department at the above address within 30 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>Gray Strain Painting</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>21796 Strain Rd.</u>	Method of Lat/Long (check one): <u>Conventional Survey</u>
<u>Gulfport, MS 39503</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4 Sec <u>19</u> T. <u>6S</u> R. <u>11W</u>
Telephone No. ( ) <u>831-8700</u>	Distance _____ Direction _____ Nearest Town _____
	<u>1</u> Miles <u>W</u> of <u>Gulfport</u>

Pump Type Circle one:	Power Type Circle one
Air Lift <input type="radio"/> <u>Jet</u> <input type="radio"/> Submersible	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/>
Bucket <input type="radio"/> Pit-son <input type="radio"/> Turbine	<u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>12/17/05</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>16</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12/17/05</u>	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>40</u> Feet Below Land Surface	<u>Other (specify): dumb bob</u>
Pumping Water Level (B): <u>40</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>16</u> GPM with a drawdown of _____
Test Pumping Rate: <u>16</u> Gallons Per Minute	_____ feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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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