

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 #: G-521
 L. S. Elevation: _____
 E-log #: _____

County: Harrison
 Permit #: 0-209
 Driller: R. Mason
 Date drilling completed: 7/16/06

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) Owner Name: <u>George Nicholas</u> Mailing Address: <u>15448 Bonnie St</u> <u>Gulfport</u> <u>MS</u> <u>39507</u> City State Zip Code Telephone No. () _____		Well or Borehole Location Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>36</u> Twn <u>6S</u> Rng <u>11W</u> Distance Direction Nearest Town Miles _____ of <u>Gulfport</u>
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Well / Borehole Data
 Date drilling started: 7/15/06 Date drilling completed: 7/16/06 Hole depth: 200 Hole diameter: 5"
 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 gal 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: 65 feet above or below (circle one) land surface Date measured: 7/16/06
 Method of Measurement (circle one) steel tape electric tape air line other: plumb bob
 Well depth: 200 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 190 feet Casing diameter: 2 inches Type of casing: PVC
 Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC
 Screen slot size: .006 inches Setting depth: From 190 feet to 200 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

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G-521

The sketch below only required for water wells

If well telescopes, show depths on sketch

Ground Level \rightarrow \nwarrow

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

Description of Formations Encountered	From (depth)		To (depth)	
	Ground Level			
Top Soil	0		3	
Sandy Red Clay	3		15	
White Sand	15		30	
Soft Blue Clay	30		100	
Free Water Sand	100		120	
Coarse Water Sand	120		200	

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.

Landowner Name: George Nicholas

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.

Print Name of Responsible Licensee and License No. Dwight Mason G-2097/11/10/06 Date

Signature of Licensee Dwight Mason

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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)

For Office Use Only:

Aquifer: _____
 Well #: G-521
 Elevation: _____

County: Harrison
 Permit #: 0-209
 Driller: R. Mason
 Date completed: 7/16/06
Copy information from block on Part 1

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>George Nicholas</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1548 Bonnie St.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Gulfport, MS 39507</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>36 T 6 S R 11 W</u>
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of <u>Gulfport</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Jet <input type="radio"/> Submersible	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>7/16/06</u>	Setting Depth: <u>80</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>7/16/06</u>	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>65</u> Feet Below Land Surface	Other (specify): <u>Plumb bob</u>
Pumping Water Level (B): <u>65</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>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

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