

State Well Report

Part I - 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-527
 L. S. Elevation: _____
 E-log #: _____

County: Harrison
 Permit #: 0-209
 Driller: R. Mason
 Date drilling completed: 8/3/06

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)	Well or Borehole Location
Owner Name: <u>Rachel Raines</u>	Latitude: " " " Longitude: " " "
Mailing Address: <u>1544 O'Neal Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Gulfport, MS 39503</u> City State Zip Code	<u>1/4 1/4 Sec 36 Twn 605 Rng 11W</u>
Telephone No. () _____	Distance Direction Nearest Town Miles of <u>Gulfport</u>

Well / Borehole Data

Date drilling started: 8/2/06 Date drilling completed: 8/3/06 Hole depth: 200 Hole diameter: 4x2

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 59% 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: 85 feet above or below (circle one) land surface Date measured: 8/3/06

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

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: 4x2 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4x2 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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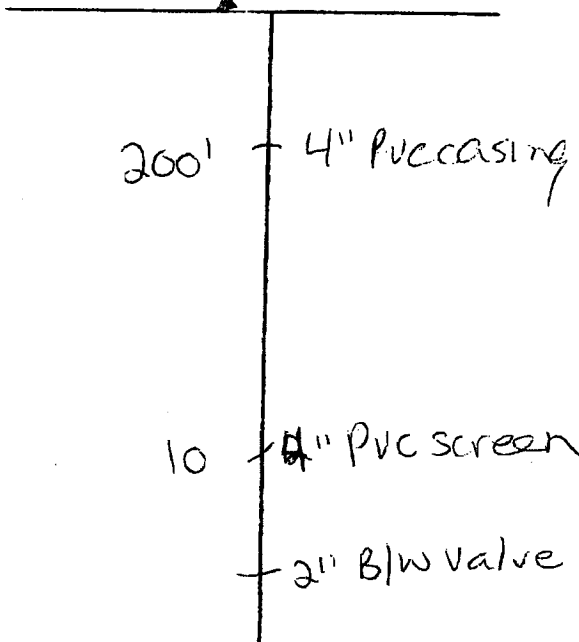
SEP 08 2006

BY: OLWR

G-522

The sketch below only required for water wells

If well telescopes, show depths on sketch

Ground Level 

200' - 4" PVC casing

10' - 1" PVC screen

2" B/W Valve

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
Red Sandy Clay	3	15
Soft blue clay	15	150
Fine Water Sand	150	175
Coarse Water Sand	175	200

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

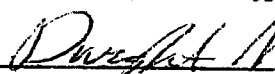
Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.

Landowner Name: Racheal Raines

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.

Dwight Mason License No. 0-009 Date 8/3/06

 License No. 0-009 Date 8/3/06

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)354-6938 (fax)

County: Harrison
 Permit #: 0-209
 Driller: R. Mason
 Date completed: 8/3/06
Copy information from block in Part 1

For Office Use Only:
 Aquifer: _____
 Well #: G-522
 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>Racheal Raines</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1544 O'Neal Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Gulfport MS 39503</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	<u>1/4</u> _____ <u>1/4</u> Sec <u>36 T 65 R 11W</u>
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of <u>Gulfport</u>

Pump Type Circle one	Power Type Circle one												
Air Lift Bucket Centrifugal Other (specify): _____	<table border="0"> <tr> <td>Je: <u>Submersible</u></td> <td>Diesel Engine</td> <td>Gasoline Engine</td> <td>Natural Gas</td> </tr> <tr> <td>Piston</td> <td><u>Electric Motor</u></td> <td>Hand</td> <td>Tractor PTO</td> </tr> <tr> <td>Turbine</td> <td>Windmill</td> <td colspan="2">Other (specify): _____</td> </tr> </table>	Je: <u>Submersible</u>	Diesel Engine	Gasoline Engine	Natural Gas	Piston	<u>Electric Motor</u>	Hand	Tractor PTO	Turbine	Windmill	Other (specify): _____	
Je: <u>Submersible</u>	Diesel Engine	Gasoline Engine	Natural Gas										
Piston	<u>Electric Motor</u>	Hand	Tractor PTO										
Turbine	Windmill	Other (specify): _____											
Date Pump Installed: <u>8/3/06</u>	Horse Power Rating of Motor: <u>1</u>												
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Setting Depth: <u>85</u> feet												
	Number of Stages: <u>14</u>												

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8/3/06</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>85</u> Feet Below Land Surface	Other (specify): <u>Plumb bob</u>
Pumping Water Level (B): <u>35</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [(B) - (A)]: <u>50</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 Dwight Mason
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-5115
 SEP 08 2006
 BY: OLWR