

County: Harrison
 Permit #: _____
 Driller: 0-785
 Date drilling completed: 7-28-09

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 #: 6537
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Harold Biskey</u>	Latitude: <u>30° 29' 834"</u> Longitude: <u>89° 05' 722"</u>
Mailing Address: <u>15017</u>	Method of Lat/Long (circle one): Conventional Survey
<u>N. Swan Rd.</u>	USGS quad: <u>Hand-held GPS, Survey-grade GPS</u>
<u>Gulfport Ms 39503</u>	<u>NE 1/4 NW 1/4 Sec 28 Twn 65 Rng 11W</u>
City: _____ State: _____ Zip Code: _____	Distance _____ Miles Direction _____ of _____ Nearest Town _____
Telephone No. (____) _____	

Well / Borehole Data

Date drilling started: 7-28 Date drilling completed: 7-28 Hole depth: 220' 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: 60 feet above or below (circle one) land surface Date measured: 7-28-09

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

Well depth: 220 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 200 feet Casing diameter: 3 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 3 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 200 feet to 220 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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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 #: <u>00537</u>	
Elevation: _____	

County: <u>HARRISON</u>
Permit #: _____
Driller: <u>0-785</u>
Date completed: <u>7-29-09</u>

This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.

Well Owner Information	Well Location
Owner Name: <u>HAROLD BICKSEY</u>	Latitude: <u>30° 29.834</u> Longitude: <u>89° 05.722</u> 50 43
Mailing Address: <u>15017</u> <u>N. SWAN RD.</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Gov</u> <u>Ms</u> <u>39503</u> City State Zip Code	<u>NE 1/4 NW 1/4</u> Sec <u>28</u> Twn <u>6S</u> Rng <u>11W</u>
Telephone No. (____) _____	Distance _____ Miles _____ of _____ Direction _____ Nearest Town _____

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="radio"/> <u>Submersible</u> Bucket: Piston <input type="radio"/> Turbine <input type="radio"/> Centrifugal: Rotary <input type="radio"/> Flowing Well <input type="radio"/> Other (specify): _____ Date Pump Installed: <u>7-29-09</u> Rated Pump Capacity: _____ Gallons Per Minute	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/> <u>Electric Moto</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> Windmill <input type="radio"/> Other (specify): _____ Horse Power Rating of Motor: <u>1/2</u> Setting Depth: <u>100'</u> feet Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-29-09</u> Static Water Level (A): <u>60'</u> Feet Below Land Surface Pumping Water Level (B): <u>100'</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>40'</u> Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>24</u> hours	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> <u>Steel Tape</u> 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 0-759P
 Print Name of Pump Installer and License No. (if applicable)

Reggie Peterman
 Signature of Pump Installer

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