

State Well Report

Part 1

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 #: H-513 47
L. S. Elevation: _____
B-log #: _____

County: Harrison
Permit #: _____
Driller: D. Mason
Date drilling completed: 10-16-04

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Mary Bailey</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Green Hill Circle</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Biloxi</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>MS 39532</u>	<u>1/4</u> <u>1/4</u> Sec. <u>34</u> Twn <u>65</u> Rng. <u>10W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () <u>392-5082</u>	_____ Miles _____ of _____

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 10-16-04 Date well drilling completed: 10-16-04

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 10-16-04

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

Hole depth: 220 Well depth: 210 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 210 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .004 inches Setting depth: From 210 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 back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

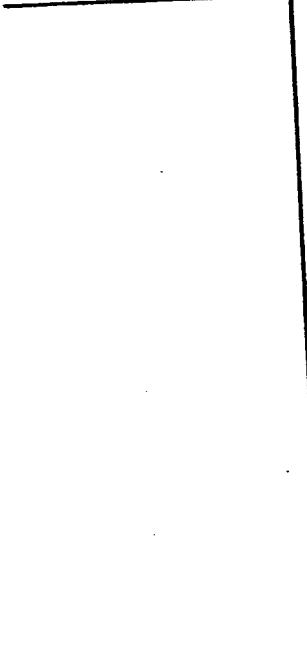
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I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Dwight Mason 0-209 Print Name of Water Well Contractor and License No.
Dwight Mason Signature of Water Well Contractor

If well telescopes please sketch below and show depths. ⁴⁷

Ground Level H 513

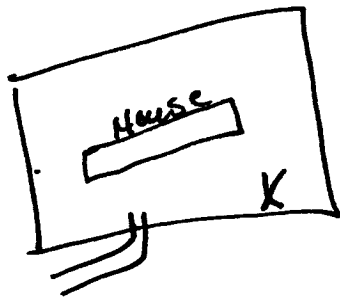


Description of Formations Encountered	From	To
TOP SOIL	1	3
Red clay	5	30
White sand	30	80
Blue clay	80	140
Hard clay	140	200
Coarse sand	200	270

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) indicate direction.

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Landowner Name: MS Bailey

Debra Mon
 Signature of Water Well Contractor

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 #: _____
 Driller: B. Mason
 Date completed: 10.16.04

For Office Use Only:

Aquifer: _____
 Well #: H-513
 Elevation: _____

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Mary Baluy</u> Mailing Address: <u>Green Hill Circle</u> <u>Biloxi</u> <u>MS 39532</u> City State Zip Code Telephone No. () <u>392-5082</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec. <u>34</u> Twn <u>6S</u> Rng <u>10W</u> Distance Direction Nearest Town _____ Miles _____ of <u>Biloxi</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> <u>Jet</u> <input type="radio"/> Submersible Bucket <input type="radio"/> Piston <input type="radio"/> Turbine Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well Other (specify): _____ Date Pump Installed: <u>10.16.04</u> Rated Pump Capacity: <u>9</u> Gallons Per Minute	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO Windmill <input type="radio"/> Other (specify): _____ Horse Power Rating of Motor: <u>1 HP</u> Setting Depth: <u>80</u> feet Number of Stages: <u>2</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10.16.04</u> Static Water Level (A): <u>80</u> Feet Below Land Surface Pumping Water Level (B): <u>80</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>0</u> Feet Below Land Surface Test Pumping Rate: <u>9</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape Other (specify): <u>Plum Bob</u> 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.
Dwight Mason 0-2009 Dwight Mason
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer