

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:

Acquifer: _____
 Well #: H-516
 L. S. Elevation: _____
 B-log #: _____

County: Harrison 049
 Permit #: _____
 Driller: D. Mason
 Date drilling completed: 1-11-05

Coastal Drilling and Service Company

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>Dr. Nehly</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Melvin Street</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Biloxi</u>	1/4 _____ 1/4 Sec <u>29</u> Twp <u>6S</u> Range <u>89W</u>
<u>MS 39533</u>	Distance _____ Direction _____ Nearest Town _____
City _____ State _____ Zip Code _____	<u>2</u> Miles <u>N</u> of <u>Tillamoc</u>
Telephone No. <u>() 239-8558</u>	

Well Data

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

Date well drilling started: 1-11-05 Date well drilling completed: 1-11-05

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

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 1-11-05

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

Hole depth: 670 Well depth: 660 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 660 feet Casing diameter: 4x2 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 660 feet to 670 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 screens, 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): _____

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.

Doug Mason 0209

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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 FEB 04 2005
 BY: OLWR

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: R Mason
 Date completed: 1-11-05

For Office Use Only:
 Aquifer: _____
 Well #: H-516
 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 Owner Name: <u>Dr. Nehly</u> Mailing Address: <u>Melvin Street</u> <u>Biloxi</u> <u>MS 39532</u> City State Zip Code Telephone No. <u>239-8558</u>		Well Location Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>1/4</u> <u>1/4</u> Sec <u>29</u> Twn <u>65</u> Rng <u>9W</u> Distance Direction Nearest Town <u>2</u> Miles <u>N</u> of <u>d'Arbeville</u>	
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Pump Type Circle one Air Lift Jet <input type="radio"/> <u>Submersible</u> Bucket Piston <input type="radio"/> Turbine Centrifugal Rotary <input type="radio"/> Flowing Well Other (specify): _____ Date Pump Installed: <u>1-12-05</u> Rated Pump Capacity: <u>15</u> Gallons Per Minute	Power Type Circle one Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>1</u> Setting Depth: <u>110</u> feet Number of Stages: <u>12</u>
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Pump Test Data Date Well Tested: <u>1-12-05</u> Static Water Level (A): <u>80</u> Feet Below Land Surface Pumping Water Level (B): <u>110</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>0</u> Feet Below Land Surface Test Pumping Rate: <u>13</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Method of Measuring Water Level Circle one Air Line Electric Measuring Line Steel Tape Other (specify): <u>Plumber</u> For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
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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) _____
 Signature of Pump Installer

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 BY: OLWR