

# 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)

County: Harrison  
Permit #: 0-209  
Driller: R. Ableser  
Date drilling completed: 7/28/05

### For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: H-519  
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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Dixie Martin</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>21460 Hannah Ln</u> <u>(off Stewart Rd)</u> <u>Biloxi MS 39522</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	_____ 1/4 _____ 1/4 Sec <u>21</u> Twn <u>65</u> Rng <u>10W</u>
Telephone No. (____) _____	Distance _____ Miles Direction <u>NW</u> of Nearest Town <u>Woolmarket</u>

**Well / Borehole Data**

Date drilling started: 7/27/05 Date drilling completed: 7/28/05 Hole depth: 750 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: 3lbs/2200 gal

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: 110 feet above or below (circle one) land surface Date measured: 7/28/05

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

Well depth: 750 Well grouted to a depth of \_\_\_\_\_ feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 740 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 740 feet to 750 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*

Form: OLWR-SWR-1A

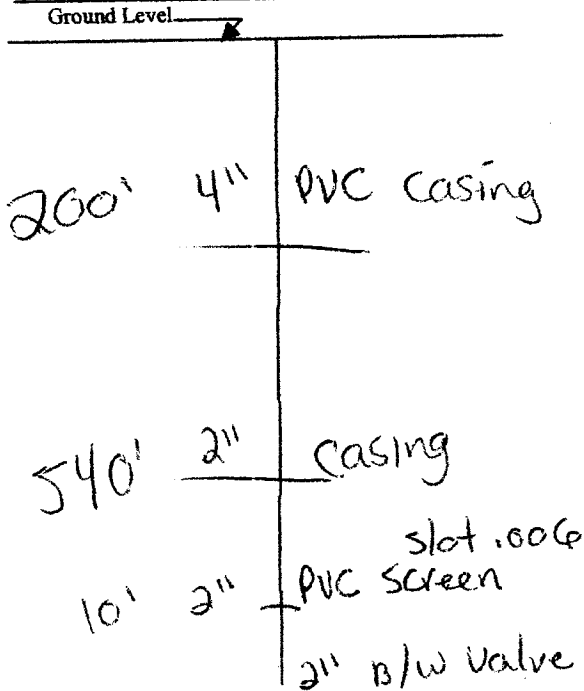
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H-519

The sketch below only required for water wells

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

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Top Soil	1	4
Red Clay	4	25
W-Sand	25	45
Gravel	45	55
R. Clay	55	100
Soft B. Clay	100	325
Hard B. Clay	325	480
Water Sand w/ Rust	480	510
Hard B. Clay	510	700
Fine Water Sand	700	715
Coarse Water Sand	715	750

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.

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Landowner Name: Dixie Martin

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 0-209 1/28/05 Dwight Mason  
 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: 7/28/05  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: H-519  
 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>Dixie Martin</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>21460 Hannah Ln.</u> <u>(off Stewart Rd)</u> <u>Biloxi, MS 39532</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec <u>21</u> T <u>6S</u> R <u>10W</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____ <u>2</u> Miles <u>NW</u> of <u>Woodmarket</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet <u>Submersible</u>	Diesel Engine      Gasoline Engine      Natural Gas
Bucket      Piston      Turbine	<u>Electric Motor</u> Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1hp</u>
Date Pump Installed: <u>7/28/05</u>	Setting Depth: <u>130</u> feet
Rated Pump Capacity: <u>14</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7/28/05</u>	Air Line      Electric Measuring Line      Steel Tape
Static Water Level (A): <u>110</u> Feet Below Land Surface	Other (specify): <u>plumb bob</u>
Pumping Water Level (B): <u>110</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ 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>8</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-SWR-1B

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