

**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)

County: Harrison  
 Permit #: 0-209  
 Driller: B. Mason  
 Date drilling completed: 7/26/05

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: H-521  
 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.*

|   |  |
|---|--|
| <p align="center"><b>Information on Well Owner</b><br/>(Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Jeff Powell</u><br/>                 Mailing Address: <u>13440 CC Rd</u><br/> <u>Sawyer MS</u><br/>                 City State Zip Code<br/>                 Telephone No. <u>(208) 388-9036</u></p> | <p align="center"><b>Well or Borehole Location</b></p> <p>Latitude: _____ Longitude: _____<br/>                 Method of Lat/Long (circle one): Conventional Survey,<br/>                 USGS quad, Hand-held GPS, Survey-grade GPS<br/>                 _____ 1/4 _____ 1/4 Sec <u>6</u> Twn <u>65</u> Rng <u>9W</u><br/>                 Distance Direction Nearest Town<br/>                 _____ Miles _____ of <u>White Plains</u></p> |
|---|--|

**Well / Borehole Data**

Date drilling started: 7/25/05 Date drilling completed: 7/26/05 Hole depth: 280 Hole diameter: 2  
 Location of the source of any surface water used for drilling: shop  
 Method of dosing and volume of Chlorine used in drilling and development: 3 lbs / 2000 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*

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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: 62 feet above or below (circle one) land surface Date measured: 7/26/05  
 Method of Measurement (circle one) steel tape electric tape air line other: plumb bob  
 Well depth: 280 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix  
 Casing length: 270 feet Casing diameter: 2 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 270 feet to 280 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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# 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. Merson  
 Date completed: 7/26/05  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: H-521  
 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>Jeff Powell</u>      | Latitude: _____ Longitude: _____                             |
| Mailing Address: <u>13440 CC Rd</u> | Method of Lat/Long (check one): Conventional Survey _____    |
| <u>Osage</u> MS <u>39532</u>        | USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ |
| City State Zip Code                 | _____ 1/4 _____ 1/4 Sec <u>6 T65 R9W</u>                     |
| Telephone No. <u>(508) 388-9036</u> | Distance _____ Direction _____ Nearest Town _____            |
|                                     | _____ Miles _____ of <u>White Plains</u>                     |

| Pump Type<br>Circle one   | Power Type<br>Circle one   |
|---|--|
| Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible | Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas                        |
| Bucket <input type="radio"/> Piston <input type="radio"/> Turbine               | <input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO |
| Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well     | Windmill <input type="radio"/> Other (specify): _____  |
| Other (specify): _____  | Horse Power Rating of Motor: <u>1hp</u>  |
| Date Pump Installed: <u>7/26/05</u>   | Setting Depth: <u>80</u> feet  |
| Rated Pump Capacity: <u>7</u> Gallons Per Minute                                | Number of Stages: <u>2</u>   |

| Pump Test Data   | Method of Measuring Water Level<br>Circle one   |
|--|---|
| Date Well Tested: <u>7/26/05</u>                           | Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/> |
| Static Water Level (A): <u>62</u> Feet Below Land Surface  | Other (specify): <u>plumb bob</u>   |
| Pumping Water Level (B): <u>62</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>7</u> GPM with a drawdown of _____  |
| Test Pumping Rate: <u>7</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 Merson 0-209 Dwight Merson  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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