

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: R. Mason
 Date drilling completed: 2/11/06

For Office Use Only:
 Aquifer: _____
 Well #: H-528
 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>T.J. McNeal</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>17669 W. Gordon 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>Biloxi, MS 39532</u>	<u>1/4</u> <u>1/4</u> Sec. <u>6</u> Twn <u>6S</u> Rng <u>10W</u>
City State Zip Code	Distance Direction Nearest Town <u>2</u> Miles <u>NW</u> of <u>Woolmarket</u>
Telephone No. () _____	

Well / Borehole Data

Date drilling started: 2/10/06 Date drilling completed: 2/11/06 Hole depth: 450 Hole diameter: 5x7 1/2

Location of the source of any surface water used for drilling: Shop

Method of dosing and volume of Chlorine used in drilling and development: 1/2 lb per 1000 gal 89% chlorine

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

Name of organization running log(s): N/A

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 N/A Other (describe) _____

Static Water Level: 82 feet above or below (circle one) land surface Date measured: 2/11/06

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

Well depth: 450 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 440 feet Casing diameter: 4.2 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 440 feet to 450 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: N/A feet. *If telescoped or more than one screen, describe on next page*

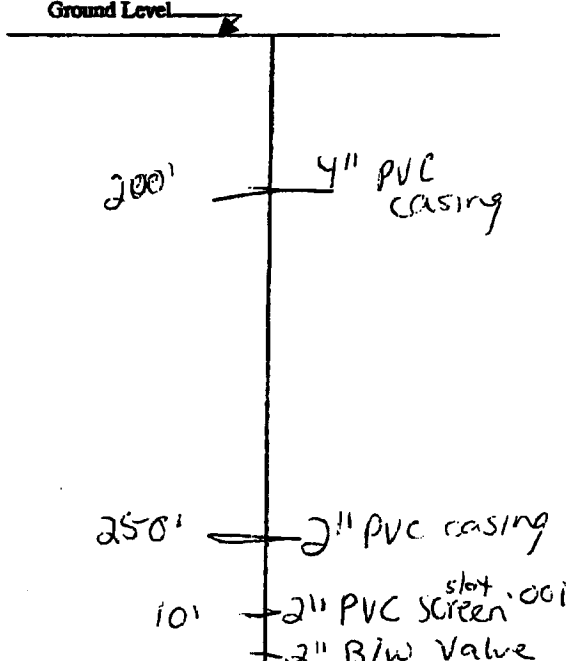
Form: OLWR-SWR-1A

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H-528

The sketch below only required for water wells

If well telescopes, show depths on sketch



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

Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	
Top Soil	0	3
Red Sandy Clay	3	20
White Coarse Sand	20	35
Red Sand Clay	35	55
White Coarse Sand	55	90
Soft Blue Clay	90	220
Hard Blue Clay	220	390
Fine Water Sand	390	420
Coarse Water Sand	420	450

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.

Landowner Name: J. J. McNeal

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.

Print Name of Responsible Licensee and License No. Dwight Mason 6-0092 Date 11/06

Signature of Licensee Dwight Mason

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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: 2/11/06
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: H-528
 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>J.J. McNeal</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>17669 W Gordon Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>310x1</u> <u>MS</u> <u>39532</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>1/4</u> <u>1/4</u> Sec <u>6</u> T <u>6S</u> R <u>10W</u>
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____
	<u>2</u> Miles <u>NW</u> of <u>Worhamet</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/>	Diesel Engine <input type="checkbox"/>
<input checked="" type="checkbox"/> Submersible	Gasoline Engine <input type="checkbox"/>
Bucket Piston <input type="checkbox"/>	Electric Motor <input checked="" type="checkbox"/>
Turbine <input type="checkbox"/>	Hand <input type="checkbox"/>
Centrifugal Rotary <input type="checkbox"/>	Tractor PTO <input type="checkbox"/>
Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/>
Other (specify): _____	Other (specify): _____
Date Pump Installed: <u>2/11/06</u>	Horse Power Rating of Motor: <u>1</u>
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Setting Depth: <u>100</u> feet
	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2/11/06</u>	Air Line <input type="checkbox"/>
Static Water Level (A): <u>82</u> Feet Below Land Surface	Electric Measuring Line <input type="checkbox"/>
Pumping Water Level (B): <u>82</u> Feet Below Land Surface	Steel Tape <input type="checkbox"/>
Drawdown [(B) - (A)]: <u>0</u> Feet Below Land Surface	Other (specify): <u>Plumb bob</u>
Test Pumping Rate: <u>15</u> Gallons Per Minute	For flowing well, measured shut in head: <u>N/A</u> feet
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Well yielded <u>15</u> GPM with a drawdown of <u>0</u> feet after <u>4</u> hours of pumping

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)

Dwight Mason
 Signature of Pump Installer

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