

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: 7/8/06

For Office Use Only:
 Aquifer: _____
 Well #: H-536
 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) Owner Name: <u>Mark Ticker</u> Mailing Address: <u>15055 Big Telen</u> <u>Biloxi</u> <u>ms</u> <u>39532</u> City State Zip Code Telephone No. () _____		Well or Borehole Location Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>25</u> Twn <u>6S</u> Rng <u>10W</u> Distance Direction Nearest Town <u>5</u> Miles <u>NW</u> of <u>OTbent</u>
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Well / Borehole Data
 Date drilling started: 7/8/06 Date drilling completed: 7/9/06 Hole depth: 300 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: 1/2 lb per 1000 gal 39500 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: 100 feet above or below (circle one) land surface Date measured: 7/8/06
 Method of Measurement (circle one) steel tape electric tape air line other: plumb hole
 Well depth: 300 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 290 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 290 feet to 300 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*

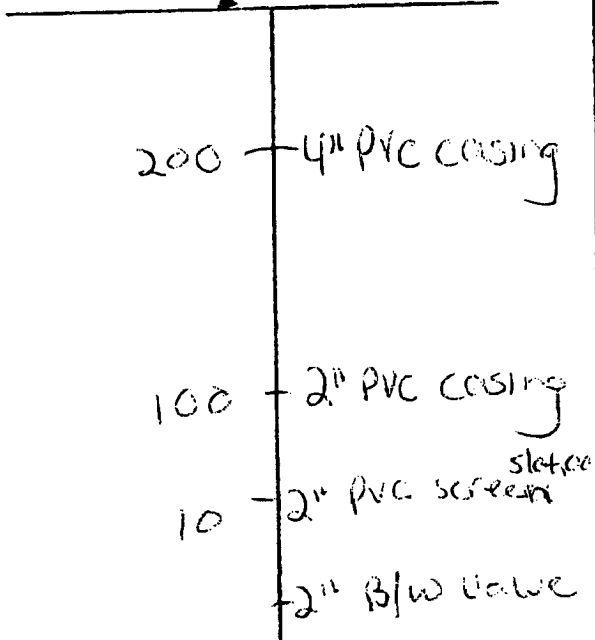
Form: OLWR-1 **RECEIVED**

AUG 10 2006
BY: OLWR

H-536

The sketch below only required for water wells.

If well telescopes, show depths on sketch.
Ground Level 



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
Soft Sandy Clay	3	10
Coarse White Sand	10	35
Gravel	35	40
Soft Blue Clay	40	240
Hard Blue Clay	240	250
Coarse Water Sand	250	200

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: Mark Tidler

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 0-209 Date 7/9/06

Signature of Licensee Dwight Mason RECEIVED

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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)

For Office Use Only:

Aquifer: _____
 Well #: H- 036
 Elevation: _____

County: Harrison
 Permit #: 0-209
 Driller: R. Mason
 Date completed: 7/9/06
Copy information from block on Part 1

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>Mark Tidler</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>15055 Big Selen</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Biloxi, MS 39532</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ % _____ % Sec <u>25</u> T <u>18</u> R <u>10W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>5</u> Miles <u>NW</u> of <u>OTterville</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> <u>Jet</u> <input type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>7/9/06</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7/9/06</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>100</u> Feet Below Land Surface	Other (specify): <u>Plumb bob</u>
Pumping Water Level (B): <u>100</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> 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>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 Mason 0-209
 Print Name of Pump Installer and License No. (if applicable) Dwight Mason
Signature of Pump Installer

Form: OLWRS-17-1B
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