

County: Harrison  
 Permit #: 0-209  
 Driller: R. Mason  
 Date drilling completed: 2/8/07

**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)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: H-561  
 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: Dorothy Fitz Wilson  
 Mailing Address: 13365 Greenhill Cir.  
Biloxi MS  
 City State Zip Code  
 Telephone No: 228-203-0859

**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 34 Twn 6S Rng 10W  
 Distance Direction Nearest Town  
 \_\_\_\_\_ Miles \_\_\_\_\_ of Biloxi

**Well / Borehole Data**  
 Date drilling started: 2/7/07 Date drilling completed: 2/8/07 Hole depth: 410' Hole diameter: 5"  
 Location of the source of any surface water used for drilling: Shop  
 Method of dosing and volume of Chlorine used in drilling and development: 42lb per 1000lb 897 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: 70 feet above or below (circle one) land surface Date measured: 2/8/07  
 Method of Measurement (circle one) steel tape electric tape air line other: Plumb bob  
 Well depth: 410 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite Mix  
 Casing length: 400 feet Casing diameter: 2 inches Type of casing: PVC  
 Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC  
 Screen slot size: .001 inches Setting depth: From 400 feet to 410 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  
**RECEIVED**  
 MAR 15 2007  
 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 #: 0-209  
 Driller: R. Mason  
 Date completed: 2/8/07  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: H-561  
 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>Dorothy FitzWilson</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>B365 Greenhill Cir</u> <u>Biloxi, MS</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec <u>34</u> T <u>6</u> S R <u>10W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. <u>(228) 203-0859</u>	_____ Miles _____ of <u>Biloxi</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Jet <input 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>1</u>
Date Pump Installed: <u>2/8/07</u>	Setting Depth: <u>90</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>2/8/07</u>	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>70</u> Feet Below Land Surface	Other (specify): <u>Plumb bob</u>
Pumping Water Level (B): <u>70</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 _____ feet after <u>4</u> hours of pumping
Test Pumping Rate: <u>15</u> Gallons Per Minute	
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 0209 X Dwight Mason  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form OLWR 5/06  
**RECEIVED**  
 MAR 15 2007  
 BY: OLWR

