

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 #: 0-652
Driller: R. Mason
Date drilling completed: 4/11/07

For Office Use Only:
Aquifer:
Well #: H-567
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: Warren Spears
Mailing Address: Lorraine Lisa Dr. Biloxi, MS 39532
City: 863 State: 18 Zip Code: 78
Telephone No.: 547 0978
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 29 Twn 6S Rng 10W
Distance Direction of Biloxi
Miles of

Well / Borehole Data
Date drilling started: 4/10/07 Date drilling completed: 4/11/07 Hole depth: 180 Hole diameter: 7 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 lbs 89% chlorine
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 X 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 X Industrial Public Supply Irrigation Fish Culture Other:
If a flowing well, method of flow regulation: Valve N/A Other (describe)
Static Water Level: 40 feet above or below (circle one) land surface Date measured: 4/10/07
Method of Measurement (circle one) steel tape electric tape air line other: Plumb Bob
Well depth: 180 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 170 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: 006 inches Setting depth: From 170 feet to 180 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

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.

Ground Level →

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
TOP SOIL	0	3
Red Sandy Clay	3	15
<del>Soft Blue Clay</del>	15	20
Hard Blue Clay	20	170
Good H <sub>2</sub> O Sand	170	180

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: \_\_\_\_\_

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

law Ronald D Mason 01052 8/14/02 Ronald D Mason  
 Print Name of Responsible Licensee and License No.          Date          Signature of Licensee

# 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 #: 0-652  
 Driller: R. Mason  
 Date completed: 4/11/07  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: H-567  
 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>Warren Spears</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Lorain Kwa</u> <u>Biloxi MS</u> <u>863-1878-6228</u> <small>City State Zip Code</small>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec <u>09 4S R 10W</u>
Telephone No. ( ) _____	Distance _____ Miles _____ of <u>Biloxi</u> Direction _____ Nearest Town _____

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> <u>Electric Motor</u>	Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: _____	Setting Depth: <u>60</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>4/11/07</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>40</u> Feet Below Land Surface	Other (specify): <u>Plumb Bob</u>
Pumping Water Level (B): <u>40</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>1</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>2</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Ronald D Mason 0-652 Ronald D Mason  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B