

### 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-582  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Harrison  
Permit #: 0-652  
Driller: R. Mason  
Date drilling completed: 1/09/09

*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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>John Wright</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>8063 Frank Hudson</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Biloxi MS 39532</u> City State Zip Code	<u>1/4 Sec 27 Twn 6S Rng 10W</u>
Telephone No. <u>601 861 9992</u>	Distance <u>4</u> Miles <u>N</u> Direction of <u>270/Biloxi</u> Hwy <u>67</u>

**Well / Borehole Data**

Date drilling started: 1/8/09 Date drilling completed: 1/8/09 Hole depth: 400' Hole diameter: \_\_\_\_\_

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: 75 feet above or below (circle one) land surface Date measured: 1/9/09

Method of Measurement (circle one) steel tape \_\_\_\_\_ electric tape \_\_\_\_\_ air line \_\_\_\_\_ other: Plumb Bob

Well depth: 400 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite \_\_\_\_\_ Mix \_\_\_\_\_

Casing length: 390 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 390 feet to 400 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-582

The sketch below only required for water wells

If well telescopes, show depths on sketch

Ground Level  $\rightarrow$

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

Description of Formations Encountered	From (depth) Ground Level	To (depth)
TOP SOIL	0	3
Red Sandy Clay	3	20
Course Whit. Sand	20	25
Soft Blue Clay	25	200
FINE H <sub>2</sub> O Sand	200	220
Soft Blue Clay	220	300
Hard Blue Clay	300	350
COURSE H <sub>2</sub> O Sand	350	400

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: John Wright

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. Ronald D. Masano-652      Date 1/16/09      Signature of Licensee Ronald D. Masano

### 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: 1/09/09  
*Copy information from block on Part 1*

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: H-582  
 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>John Wright</u>	Latitude: _____	Longitude: _____	Method of Lat/Long (check one): Conventional Survey _____		
Mailing Address: <u>8063 Frank Hudson</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____		_____ 1/4 _____ 1/4 Sec <u>27 T 6 S R 10 W</u>		
<u>Biloxi MS 39530</u>	Distance: <u>4</u> Miles	Direction: <u>N</u>	Nearest Town: <u>Ti/O Biloxi</u>		
City: _____ State: _____ Zip Code: _____	Telephone No. <u>228 861 9992</u>		<u>ROW-01</u>		

Pump Type Circle one			Power Type Circle one		
Air Lift	<input checked="" type="radio"/> Jet	Submersible	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	<input type="radio"/> Piston	Turbine	<input checked="" type="radio"/> Electric Motor	Hand	Tractor PTO
Centrifugal	<input type="radio"/> Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: <u>1</u>		
Date Pump Installed: <u>1/9/09</u>			Setting Depth: <u>95</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 Circle one	
Date Well Tested: <u>1/9/09</u>	Air Line	Electric Measuring Line	Steel Tape
Static Water Level (A): <u>115</u> Feet Below Land Surface	Other (specify): <u>Plumb Bob</u>		
Pumping Water Level (B): <u>115</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>3</u> GPM with a drawdown of	<u>0</u> feet after <u>4</u> hours of pumping	
Test Pumping Rate: <u>3</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.

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

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