

State Well Report

Part 1

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 #: _____
 Driller: ROBERT NECAISE
 Date drilling completed: 2-18-05

For Office Use Only:
 Aquifer: _____
 Well #: J-331
 L. S. Elevation: _____
 H-log #: _____

Necaise Well Services
 State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>MIKE TWILBECK</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>24212 Meant Rd.</u>	Method of Lat/Long (circle one): Conventional Survey
<u>PASS CHRISTIAN MS 39571</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>24</u> Twn <u>7S</u> Rng <u>13W</u>
Telephone No. <u>228-499-2162</u>	Distance _____ Miles Direction <u>NE</u> of Nearest Town <u>Delisle</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 2-18-05 Date well drilling completed: 2-9-05

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 45 feet above or below (circle one) land surface Date measured: 2-9-05

Method of Measurement (circle one) steel tape electric tape air line other: _____

Hole depth: 140 Well depth: 140 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 150 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 150 feet to 140 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: _____ feet. If telescoped or more than one screen, describe on back of page

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

Name of organization running log(s): _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

ROBERT NECAISE 0660 Robert A. Necaise
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

J-331

If well telescopes please sketch below and show depths.

Ground Level J-

Description of Formations Encountered	From	To
clay	0	15
sand	15	25
clay	25	35
sand	35	40
clay	40	45
sand	45	50
clay	50	55
sand	55	60
clay	60	65
sand	65	70
clay	70	75
sand	75	80
clay	80	85
sand	85	90
clay	90	95
sand	95	100
clay	100	105
sand	105	110
clay	110	115
sand	115	120
clay	120	125
sand	125	130
clay	130	135
sand	135	140
clay	140	145
sand	145	150
clay	150	155
sand	155	160

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) indicate direction.

Landowner Name: MIKE TWILBECK

Robert Neca
Signature of Water Well Contractor

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 #: J-331
 Elevation: _____

County: Harrison
 Permit #: _____
 Driller: ROBERT NECAISE
 Date completed: 2-16-05

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>MIKE TWILBECK</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>24212 Meade Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng _____
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> 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>2-16-05</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-16-05</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>45</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>80</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>35</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

ROBERT NECAISE 0660 Robert Neca
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer