

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 #: J-343
L. S. Elevation: _____
E-log #: _____

County: HARRISON
Permit #: _____
Driller: NECAISE WELL
Date drilling completed: 03-30-07

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)	Well or Borehole Location
Owner Name: <u>DONALD LUGISH</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>LOT 3 CABLE BRIDGE</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>PASS CHRISTIAN MS 39571</u>	_____ 1/4 _____ 1/4 Sec <u>4</u> Twn <u>7E</u> Rng <u>13W</u>
City State Zip Code	Distance <u>3</u> Miles Direction <u>SW</u> of Nearest Town <u>LIZANA</u>
Telephone No. () _____	

Well / Borehole Data

Date drilling started: 03-29 Date drilling completed: 03-30 Hole depth: 340' Hole diameter: 4 1/4"

Location of the source of any surface water used for drilling: LIZANA FIRE DEPT (WELL)

Method of dosing and volume of Chlorine used in drilling and development: _____

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 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 _____ Other (describe) _____

Static Water Level: 120 feet above or below (circle one) land surface Date measured: _____

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

Well depth: 340' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 330 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 320 feet to 340 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 next page*

Form: OLWR-SWR-1A

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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)

County: HARRISON
 Permit #: _____
 Driller: NECAISE Well
 Date completed: 04-20-07
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: J. 343
 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>DONALD LUGIST</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>LOT 3 CABLE PARK</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>PASS CHRISTIAN MS 39591</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>4</u> T. <u>17</u> R. <u>13</u> W
Telephone No. (____) _____	Distance Direction Nearest Town
	<u>5</u> Miles <u>SW</u> of <u>LIZANA</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> <u>Jet</u>	Diesel Engine Gasoline Engine Natural Gas
Submersible	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Bucket Piston Turbine	Windmill Other (specify): _____
Centrifugal Rotary Flowing Well	Horse Power Rating of Motor: <u>2</u>
Other (specify): _____	Setting Depth: _____ feet
Date Pump Installed: <u>04-20-07</u>	Number of Stages: <u>3</u>
Rated Pump Capacity: <u>5</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>N/A</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u>
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ 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 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 Form: OLWR-SWR-1B

MAY 01 2007
 BY: OLWR