

County: Harrison  
 Permit #: 0-652  
 Driller: R. Mason  
 Date drilling completed: 3/27/07

**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 #: J-348  
 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: Glenn Ishee  
 Mailing Address: 11201 Hidden Valley  
Ross Christian, MS  
228 669 5689  
 City State Zip Code  
 Telephone No. ( ) \_\_\_\_\_

**Well/Borehole Location**  
 Well/Borehole Location: 30 4537 N 89.3008 W  
 Latitude: 37.0625 Longitude: -95.6770  
 Method of Lat/Long (circle one): Conventional Survey  
 USGS quad, Hand-held GPS, Survey-grade GPS  
 \_\_\_\_\_ 1/4 \_\_\_\_\_ Sec 9 Twn 75 Rng 13W  
 Distance \_\_\_\_\_ Miles \_\_\_\_\_ Direction \_\_\_\_\_ Nearest Town Ross Christian

**Well / Borehole Data**

Date drilling started: 3/27/07 Date drilling completed: 3/27/07 Hole depth: 410' Hole diameter: 4x2  
 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 / 1000 lb 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  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: 100 feet above or below (circle one) land surface Date measured: 3/27/10  
 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: 4x2 inches Type of casing: PVC  
 Screen length: 10 feet Screen diameter: 4x2 inches Type of screen: PVC  
 Screen slot size: .006 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

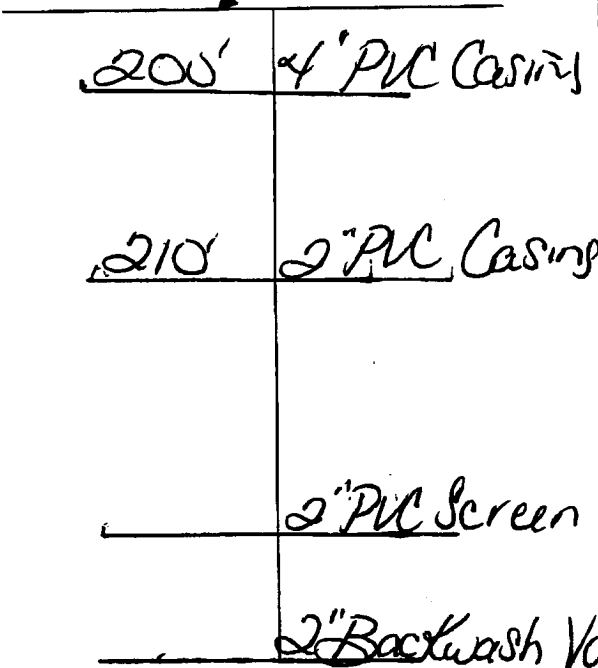
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The sketch below only required for water wells

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
Sugar Sand	15	45
White coarse sand	45	60
Soft Blue clay	60	230
Hard Blue Clay	230	230
Fine H <sub>2</sub> O sand	230	375
Good H <sub>2</sub> O sand	375	410

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 laws.

Print Name of Responsible Licensee and License No. \_\_\_\_\_ Date \_\_\_\_\_

  
Signature of Licensee

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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)

#### For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: J-348  
 Elevation: \_\_\_\_\_

County: Harrison  
 Permit #: 0-652  
 Driller: R. Mason  
 Date completed: 3/27/07  
*Copy information from block on Part 1*

*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.*

<b>Well Owner Information</b>		<b>Well Location</b>	
Owner Name: <u>Glenn Ishee</u>		Latitude: <u>30.4539N</u>	Longitude: <u>89.8002W</u>
Mailing Address: <u>420 Hidden Valley</u>		Method of Lat/Long (check one): <u>Conventional Survey</u>	
<u>Pass Christian MS</u>		USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____	
<u>328</u> City <u>669</u> State <u>5689</u> Zip Code		Distance _____ Miles Direction _____ Nearest Town: <u>Pass Christian</u>	
Telephone No. ( ) _____			

<b>Pump Type</b> Circle one			<b>Power Type</b> Circle one		
Air Lift	Jet	<u>Submersible</u>	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	Turbine	<u>Electric Motor</u>	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: <u>1</u>		
Date Pump Installed: <u>3/27/07</u>			Setting Depth: <u>120</u> feet		
Rated Pump Capacity: <u>15</u> Gallons Per Minute			Number of Stages: <u>14</u>		

<b>Pump Test Data</b>		<b>Method of Measuring Water Level</b> Circle one	
Date Well Tested: <u>3/27/07</u>		Air Line	Electric Measuring Line
Static Water Level (A): <u>100</u> Feet Below Land Surface		Other (specify): <u>Plumb Bob</u>	
Pumping Water Level (B): <u>100</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	
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>4</u> hours			

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
Ronald D. Mason - 0-652 Print Name of Pump Installer and License No. (if applicable)  
Ronald D. Mason Signature of Pump Installer

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