

State Well Report

Part I - 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 #:
Driller: 0-785
Date drilling completed: 11-29-10

For Office Use Only:
Aquifer: J 286
Well #:
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: Woodward Construction
Mailing Address: Church, Kila-Delisle Rd., Pass Christian Ms. 39571
Telephone No.:
Well or Borehole Location
Latitude: 30° 24' 24.154" Longitude: 89° 20' 00.000"
Method of Lat/Long: Conventional Survey
USGS quad: Hand-held GPS Survey-grade GPS
Sec 19 Twn 7S Rng 13W

Well / Borehole Data
Date drilling started: 11-29 Date drilling completed: 11-29 Hole depth: 140' Hole diameter: 7 1/4"
Location of the source of any surface water used for drilling:
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 logs:
Purpose of borehole (check one): Water Well [checked] 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 [checked] Industrial Public Supply Irrigation Fish Culture Other:
If a flowing well, method of flow regulation: Valve Other (describe)
Static Water Level: 60 feet above or below (circle one) land surface Date measured: 11-29-10
Method of Measurement (circle one): steel tape electric tape air line other:
Well depth: 140' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 120 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: .006 inches Setting depth: From 120 feet to 140 feet
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development [checked]
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 10621
 Jackson, MS 39289-0631
 (601) 961-5210
 (601) 354-6953 (fax)

County: Harrison
 Permit #: _____
 Driller: _____
 Date completed: 11-30-10
Copy information from block on Part 1

For Office Use Only:

Aquifer: J 386
 Well #: _____
 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

Owner Name: Woodward Construction
 Mailing Address: _____
Kila-Delisle Rd.
Pass Christian MS 39571
 City State Zip Code
 Telephone No. () 8

Well Location

Latitude: 30° 24.984 Longitude: 89° 20.002'
 Method of Lat Long (check one): Conventional Survey _____
 USCS quad _____ Hand-held GPS Survey-grade GPS _____
SE 1/4 _____ 1/4 Sec _____ T _____ R _____
 Distance _____ Direction _____ Nearest Town _____
 _____ Miles _____ of _____

Pump Type Circle one			Power Type 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>2</u>		
Date Pump Installed: <u>11-30-10</u>			Setting Depth: <u>100</u> feet		
Rated Pump Capacity: <u>33</u> Gallons Per Minute			Number of Stages: _____		

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-30-10</u>	Air Line
Static Water Level (A): <u>60</u> Feet Below Land Surface	Electric Measuring Line
Pumping Water Level (B): <u>100</u> Feet Below Land Surface	<u>Steel Tape</u>
Drawdown [(B) - (A)]: <u>40</u> Feet Below Land Surface	Other (specify): _____
Test Pumping Rate: _____ Gallons Per Minute	For flowing well, measured shut in head: _____ feet
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
REGGIE PETERMAN P759
 Print Name of Pump Installer and License No. (if applicable)

Reggie Peterman
 Signature of Pump Installer

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Form: OLWR 507K-5
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