

### 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 #: K-423  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Harrison  
Permit #: O-209  
Driller: R. Mason  
Date drilling completed: 2/26/06

*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.*

<b>Information on Well Owner</b> <i>(Landowner if borehole is not for a water well)</i> Owner Name: <u>David Dickens</u> Mailing Address: <u>17440 Crown Rd.</u> <u>Gulfport, MS 39507</u> City State Zip Code Telephone No. ( ) _____		<b>Well or Borehole Location</b> Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ % _____ % Sec. <u>4</u> Twn <u>T4S</u> Rng <u>R2W</u> Distance Direction Nearest Town <u>5</u> Miles <u>N</u> of <u>Long Beach</u>	
<b>Well / Borehole Data</b> Date drilling started: <u>2/25/06</u> Date drilling completed: <u>2/26/06</u> Hole depth: <u>430</u> Hole diameter: <u>5x7 1/2</u> Location of the source of any surface water used for drilling: <u>Shop</u> Method of dosing and volume of Chlorine used in drilling and development: <u>1/2 lb per 1000 gal 59% chlorine</u> Logs run (circle all applicable): No log run <input checked="" type="checkbox"/> Electric <input checked="" type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____ Name of organization running log(s): <u>N/A</u> Purpose of borehole (check one): Water Well _____ Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) _____ <i>If drilling is not related to water well construction, skip the remainder of this block.</i>			
Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____ If a flowing well, method of flow regulation: Valve <u>N/A</u> Other (describe) _____ Static Water Level: <u>82</u> feet above or below (circle one) land surface Date measured: <u>2/26/06</u> Method of Measurement (circle one) steel tape _____ electric tape _____ air line _____ other: <u>plumb bob</u> Well depth: <u>430</u> Well grouted to a depth of <u>15</u> feet Type of grout (circle one): <u>Neat Cement</u> Bentonite Mix Casing length: <u>420</u> feet Casing diameter: <u>4x2</u> inches Type of casing: <u>PVC</u> Screen length: <u>10</u> feet Screen diameter: <u>4x2</u> inches Type of screen: <u>PVC</u> Screen slot size: <u>1.006</u> inches Setting depth: From <u>420</u> feet to <u>430</u> feet Type of completion (circle all applicable): Gravel packed _____ Underreamed _____ Telescoped _____ Open hole _____ <u>Natural Development</u> Other (describe): _____ Top of lap pipe or reduction in casing: <u>N/A</u> feet. <i>If telescoped or more than one screen, describe on next page.</i>			

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 #: 0-209  
 Driller: R. Mason  
 Date completed: 2/26/06  
*Copy information from block on Part 1*

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: K-423  
 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>David Dickerson</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Crown Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Gulfport, MS 39507</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>4</u> T <u>7S</u> R _____
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>5</u> Miles <u>N</u> of <u>Long Beach</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> <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>2/26/06</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2/26/06</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>82</u> Feet Below Land Surface	Other (specify): <u>Plumb bob</u>
Pumping Water Level (B): <u>82</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>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

Dwight Mason 0-209 Dwight Mason  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B  
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