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State Well Report

Part I

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: Travis Boone
 Date drilling completed: 11-30-07

For Office Use Only:
 Aquifer: _____
 Well #: K-441
 L. S. Elevation: _____
 B-log #: _____

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>Steve Spear</u> | Latitude: _____ Longitude: _____ | Method of Lat/Long (circle one): <u>Conventional Survey</u> | |
| Mailing Address: <u>18121 Ridgeway St.</u> | USGS quad, Hand-held GPS, Survey-grade GPS | | |
| <u>Murfreesboro, TN</u> | <u>4</u> <u>4</u> Sec <u>13</u> Twn <u>7S</u> Rng <u>12W</u> | | |
| City: _____ State: _____ Zip Code: <u>39503</u> | Distance: <u>4</u> Miles | Direction: <u>NW</u> | Nearest Town: <u>Gulfport</u> |
| Telephone No. () _____ | | | |
| Well Data | | | |
| Purpose of Well (circle one): <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____ | | | |
| Date well drilling started: <u>11-30-07</u> | | Date well drilling completed: <u>11-30-07</u> | |
| If flowing, method of flow regulation: Valve _____ Other (describe): _____ | | | |
| Static Water Level: <u>50</u> feet above or <u>below</u> (circle one) land surface | | Date measured: <u>11-30-07</u> | |
| Method of Measurement (circle one): steel tape electric tape air line other: <u>String Line</u> | | | |
| Hole depth: _____ | | Well depth: <u>165</u> Well grouted to a depth of <u>10</u> feet | |
| Type of grout (circle one): <u>Cement</u> Bentonite: _____ Mix: _____ | | | |
| Casing length: <u>145</u> feet | Casing diameter: <u>4</u> inches | Type of casing: <u>sch 40</u> | |
| Screen length: <u>20</u> feet | Screen diameter: <u>4</u> inches | Type of screen: <u>sch 40</u> | |
| Screen slot size: <u>8</u> inches Setting depth: From <u>145</u> feet to <u>165</u> feet | | | |
| Type of completion (circle all applicable): <u>Gravel packed</u> 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. | | | |
| <u>Travis Boone 0-514</u> | | <u>Travis Boone</u> | |
| Print Name of Water Well Contractor and License No. | | 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 39299-0631
 (601)961-5210
 (601)354-6938 (Fax)

County: Harrison
 Permit #: _____
 Diller: Travis Boone
 Date completed: 11-30-07

For Office Use Only:
 Aquifer: _____
 Well #: K-441
 Elevation: _____

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>Steve Green</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>18121 Ridgely St.</u> | Method of Lat/Long (circle one): <u>Conventional Survey,</u> |
| <u>Mulport, MS</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>39503</u> | <u>4 Sec 13 Twn 7S Rng 12W</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. () _____ | <u>4 miles NW of Gulfport</u> |

| 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>1</u> |
| Date Pump Installed: <u>11-30-07</u> | Setting Depth: <u>80</u> feet |
| Rated Pump Capacity: <u>12</u> Gallons Per Minute | Number of Stages: _____ |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|---|
| Date Well Tested: <u>11-30-07</u> | Air Line Electric Measuring Line Steel Tape |
| Static Water Level (A): <u>50</u> Feet Below Land Surface | Other (specify): <u>String Line</u> |
| Pumping Water Level (B): _____ Feet Below Land Surface | For flowing well, measured start 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: <u>No O.E.</u> 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.

Travis Boone Travis Boone
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer