

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)

County: Harrison
 Permit #: 0-209
 Driller: R. Mason
 Date drilling completed: 12/8/05

For Office Use Only:
 Aquifer: _____
 Well #: M-933
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Tom Walter</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Gay Rd.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Biloxi, MS 39152</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ % _____ % Sec <u>7</u> Twn <u>7S</u> Rng <u>9W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>0</u> Miles of <u>Biloxi</u>

Well / Borehole Data

Date drilling started: 12/7/05 Date drilling completed: 12/8/05 Hole depth: 280 Hole diameter: 2.5

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 per 1000 gal 39 ppm chlorine

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): N/A

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 N/A Other (describe) _____

Static Water Level: 50 feet above or below (circle one) land surface Date measured: 12/8/05

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

Well depth: 280 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bestnite _____ Mix _____

Casing length: 290 feet Casing diameter: 2 3/8 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 2 3/8 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 270 feet to 280 feet

Type of completion (circle all applicable): Gravel packed _____ Underreamed _____ Telescoped _____ Open hole Natural Development _____

Other (describe): _____

Top of lap pipe or reducer in casing: N/A feet. *If telescoped or more than one screen, describe on next page*

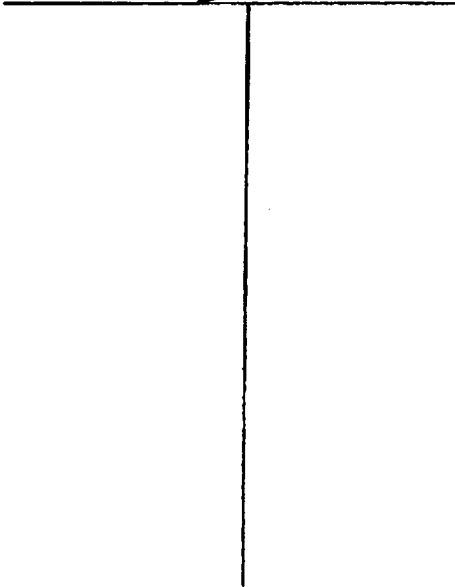
Form: OLWR-SWR-1A

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M-933

The sketch below only required for water wells

If well telescopes, show depths on sketch.
Ground Level →



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	
Top Soil	0	2
Red Clay	2	15
White Sand	15	45
Soft Blue Gray	45	210
Hard Blue Clay	210	270
Fine Water Sand	270	280
Coarse Water Sand	280	280

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: Tom Walter

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. Dwight Mason 0-009 Date

Signature of Licensee Dwight Mason

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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: 12/8/05
Copy information from back of Part 1

For Office Use Only:
 Aquifer: _____
 Well #: M-933
 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>Tom Walter</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Bay Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Biloxi, MS 39532</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>7</u> T <u>7s</u> R <u>9w</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>0</u> Miles _____ of <u>Biloxi</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Jet <input type="radio"/> Submersible	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1HP</u>
Date Pump Installed: <u>12/8/05</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>7</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12/8/05</u>	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>50</u> Feet Below Land Surface	<input checked="" type="radio"/> Other (specify): <u>plumb bob</u>
Pumping Water Level (B): <u>50</u> Feet Below Land Surface	For flowing well, measured static head: <u>N/A</u> feet
Drawdown ((B) - (A)): <u>0</u> Feet Below Land Surface	Well yielded <u>7</u> GPM with a drawdown of
Test Pumping Rate: <u>7</u> Gallons Per Minute	_____ 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
 Print Name of Pump Installer and License No. (if applicable)

Dwight Mason
 Signature of Pump Installer

Form: OLWR-SWR-1B

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