

State Well Report

Part 1

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 #: M-935
L. S. Elevation: _____
E-Lot #: _____

County: HARRISON
Permit #: GW16047
Driller: LAYNE-CENTRAL
Date Drilling Completed: 9/14/04

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>KEESLER AIR FORCE BASE</u>	Latitude: <u>30</u> ° <u>24</u> ' <u>088</u> " Longitude: <u>088</u> ° <u>55</u> ' <u>067</u> "
Mailing Address: <u>81 CONS/LGCA</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>310 M STREET, ROOM 102</u>	USGS quad, Hand-Held GPS, Survey-grade GPS
<u>KEESLER AFB, MS 38534-2102</u>	<u>1/4</u> <u>1/4</u> Sec <u>19</u> Twn <u>7S</u> Rng <u>9W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (<u>228</u>) <u>377-1820</u>	Miles of <u>KEESLER AFB</u>

Well Data	
Purpose of Well (circle one): Home Industrial <input checked="" type="checkbox"/> Public Supply Irrigation Fish Culture Other: <u>--</u>	
Date well drilling started: <u>8/16/04</u>	Date well drilling completed: <u>9/14/04</u>
If flowing, method of flow regulation: Valve <u>--</u> Other (describe) <u>--</u>	
Static Water Level: <u>81</u> feet <input checked="" type="checkbox"/> above or below (circle one) land surface Date Measured: <u>9/13/04</u>	
Method of Measurement (circle one): steel tape <input checked="" type="checkbox"/> electric tape air line Other: <u>--</u>	
Hole depth: <u>615'</u> Well depth: <u>586'</u> Well grouted to a depth of <u>520</u> feet	
Type of grout (circle one): <input checked="" type="checkbox"/> Cement Bentonite Mix	
Casing length: <u>520</u> feet Casing diameter: <u>18</u> inches Type of casing: <u>STEEL</u>	
Screen length: <u>60</u> feet Screen diameter: <u>12</u> inches Type of screen: <u>WIRE-WRAPPED</u>	
Screen slot size: <u>0.024</u> inches Setting depth: From <u>526</u> feet to <u>586</u> feet	
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel Packed Underreamed Telescoped Open Hole Natural Development	
Other (describe): <u>--</u>	
Top of lap pipe or reduction in casing: <u>440</u> feet. If telescoped or more than one screen, describe on back of page.	
Logs run (circle all applicable): No log run <input checked="" type="checkbox"/> Electric Gamma Ray Density Sonic Neutron Other: <u>--</u>	
Name of organization running log(s): <u>LAYNE-CENTRAL, JACKSON, MS</u>	

I certify that the well was drilled, constructed and completed in accordance with applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

DAVE COOK 0692
Print Name of Water Well Contractor and License No.

Dave Cook
Signature of Water Well Contractor

Replaces GW-02241

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BY: OLWR

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 #: M-935
 Elevation: _____

County: HARRISON
 Permit #: _____
 Driller: LAYNE-CENTRAL
 Date Drilling Completed: 9/14/04

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>KEESLER AIR FORCE BASE</u>	Latitude: <u>30</u> ° <u>24</u> ' <u>088</u> " Longitude: <u>088</u> ° <u>55</u> ' <u>067</u> "
Mailing Address: <u>81 CONS/LGCA</u>	Method of Lat/Long (circle one): <u>05</u> Conventional Survey <u>04</u>
<u>310 M STREET, ROOM 102</u>	USGS quad, Hand-Held GPS, Survey-grade GPS
<u>KEESLER AFB, MS 38534-2102</u>	<u>1/4</u> <u>1/4</u> Sec <u>19</u> Twn <u>7S</u> Rng <u>9W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (<u>228</u>) <u>377-1820</u>	_____ Miles _____ of <u>KEESLER AFB</u>

Pump Type Circle One	Power Type Circle One
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input checked="" type="checkbox"/> Turbine	<input checked="" type="checkbox"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>125</u>
Date Pump Installed: <u>12/8/04</u>	Setting Depth: <u>224</u> feet
Rated Pump Capacity <u>1200</u> Gallons Per Minute	Number of Stages: <u>5</u>

Pump Test Data	Method of Measuring Water Level Circle One
Date Well Tested: <u>4/27/05</u>	<input checked="" type="checkbox"/> Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>72</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>60</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>12</u> Feet Below Land Surface	Well yielded <u>1246</u> GPM with a drawdown of
Test Pumping Rate: <u>1246</u> Gallons Per Minute	<u>60</u> feet after <u>6</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>6</u> hours	

I hereby certify that the above statements are true to the best of my knowledge.

DAVE COOK 0692 Signature of Pump Installer

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

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 BY: OLWR