

County: Harrison  
 Permit #: 0-204  
 Driller: R. Mason  
 Date drilling completed: 12-10-06

**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 #: M-946  
 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>Bob Little</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1271 Shorecrest Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>B. Iox MS 39532</u> City State Zip Code	____ 1/4 ____ 1/4 Sec. <u>40</u> Twp. <u>7S</u> Rng. <u>10W</u>
Telephone No. <u>(2)</u>	Distance _____ Miles Direction _____ of <u>Woodsmarket</u> <u>5110XT</u>

**Well / Borehole Data**

Date drilling started: 12/9/06 Date drilling completed: 12/10/06 Hole depth: 300 Hole diameter: 4" x 2"

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 89% 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 \_\_\_\_\_  
 Scientific Survey \_\_\_\_\_ Other (describe) \_\_\_\_\_

*If driller is not related to water well construction, attach 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: 85 feet above or below (circle one) land surface Date measured: 12/10/06

Method of Measurement (circle one) steel tape \_\_\_\_\_ electric tape \_\_\_\_\_ air line \_\_\_\_\_ other: plumb bob

Well depth: 300 Well grouted to a depth of 15 feet Type of grout (circle one): Best Cement \_\_\_\_\_ Bentonite \_\_\_\_\_ Mix \_\_\_\_\_

Casing length: 290 feet Casing diameter: 4 x 2 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 x 2 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 290 feet to 300 feet

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

Other (describe): \_\_\_\_\_

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

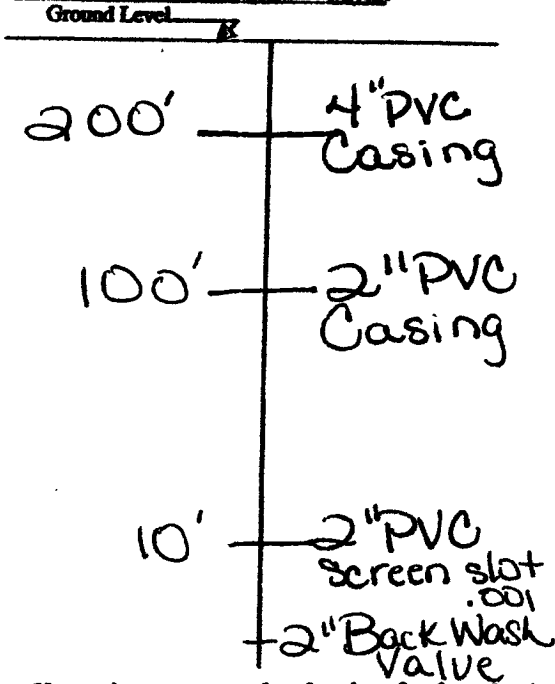
Form: OLWR-SWR-1A

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M-946

The sketch below only required for water wells.

If well telescopes, show depths on sketch.



If more than one screen, show location of each on sketch

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	3
Red Sandy clay	3	15
White coarse sand	15	45
Red Sandy clay	45	75
Soft Blue clay	75	120
Fine white sand	120	130
Hard Blue clay	130	280
Coarse H <sub>2</sub> O sand	280	300

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: Bob Little

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.

Dwight Mason 0-009  
 Print Name of Responsible Licensee and License No.      Date

Dwight Mason  
 Signature of Licensee

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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: 12-10-06  
*Copy information from Mack on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: M-946  
 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>Bob Little</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1271 Shorecrest 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>10 T 7S R 10W</u>
Telephone No. ( ) _____	Distance _____ Direction _____ Nearest Town <u>Wadmark</u>
	_____ Miles of <u>Biloxi</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>12/10/06</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>12/10/07</u>	Air Line      Electric Measuring Line      Steel Tape
Static Water Level (A): <u>85</u> Feet Below Land Surface	Other (specify): <u>Plumb bob</u>
Pumping Water Level (B): <u>85</u> Feet Below Land Surface	For flowing well, measured slat 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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