

### 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: 11/11/05

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: Ø 379  
 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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Rehin Frank</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Epcapil School Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Long Beach, MS 390</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>8</u> Twn <u>8S</u> Rng <u>12W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>2</u> Miles <u>N</u> of <u>Long Beach</u>

**Well / Borehole Data**

Date drilling started: 11/10/05 Date drilling completed: 11/11/05 Hole depth: 435 Hole diameter: 4x2

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 / 100 gal 5706 chlorine

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

Name of organization running log(s): \_\_\_\_\_

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

Static Water Level: 23 feet above or below (circle one) land surface Date measured: 11/10/05

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

Well depth: 435 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 425 feet Casing diameter: 4x2 inches Type of casing: PVC

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

Screen slot size: .006 inches Setting depth: From 425 feet to 435 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*



### 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: 11/11/05  
*Copy information from block on Part I*

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: Ø 379  
 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>Rehin Frank</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Episcopal School Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Long Beach, MS</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>8</u> T <u>8</u> S R <u>12</u> W
Telephone No: <u>( )</u>	Distance Direction Nearest Town
	<u>2</u> Miles <u>N</u> of <u>Long Beach</u>

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

*N/A* *Hurricane Delay*

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): <u>plumb bob</u>
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut 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: _____ 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.

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