

State Well Report Part 1 - Driller's Log

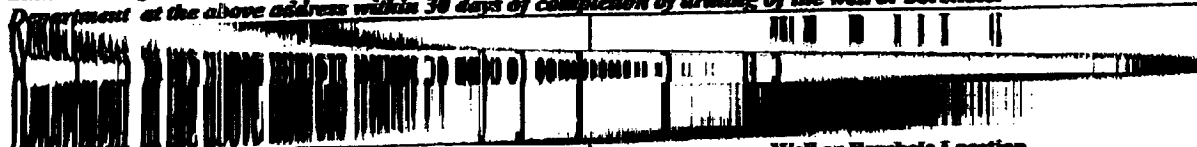
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
Well #: F-290
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: O-209
Driller: R. Mason
Date drilling completed: 7/27/06

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)

Owner Name: Henry Turner
Mailing Address: 8137 Spring Lake Dr.
Vandouver, MS
City State Zip Code
Telephone No. () _____

Well or Borehole Location

Latitude: _____ Longitude: _____
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS, Survey-grade GPS
____ 1/4 Sec. 21 Twn 55 Rng 7W
Distance Direction Nearest Town
7.5 Miles NW of Vandouver

Well / Borehole Data

Date drilling started: 7/26/06 Date drilling completed: 7/27/06 Hole depth: 280 Hole diameter: 5
Location of the source of any surface water used for drilling: Surf
Method of dosing and volume of Chlorine used in drilling and development: 1/2th pct 1000 gal 39% 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 N/A Other (describe) _____
Static Water Level: 85 feet above or below (circle one) land surface Date measured: 7/27/06
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 Bentonite Mix
Casing length: 270 feet Casing diameter: 2 inches Type of casing: PVC
Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC
Screen slot size: 1.006 inches Setting depth: From 270 feet to 380 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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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 #: F-290
 Elevation: _____

County: Jackson
 Permit #: 0-209
 Driller: R. Mason
 Date completed: 7/27/06
Copy information from block on Part 1

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>Henry Turner</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>8137 Spring Lake Dr.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Vanderveer, MS</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>1/4</u> _____ <u>1/4</u> Sec <u>21</u> T <u>53</u> R <u>75</u>
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____
	<u>7.5</u> Miles <u>NW</u> of <u>Vanderveer</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	Electric Motor <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Whirlfill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2</u>
Date Pump Installed: <u>7/27/06</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>9</u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7/27/06</u>	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
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 shut in head: <u>N/A</u> feet
Drawdown [(B) - (A)]: <u>0</u> Feet Below Land Surface	Well yielded <u>9</u> GPM with a drawdown of
Test Pumping Rate: <u>9</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
 Print Name of Pump Installer and License No. (if applicable)

Dwight Mason
 Signature of Pump Installer

Form: OLWR-SWR-1B

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