

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: Jackson
 Permit #: 0-209
 Driller: R. Mason
 Date drilling completed: 2/18/06

For Office Use Only:
 Aquifer: _____
 Well #: J-403
 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) Owner Name: <u>Karlen R. Tanner</u> Mailing Address: <u>16478 Spenser-Wilson</u> <u>Ocean Springs, MS 39564</u> 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 _____ 1/4 Sec <u>8</u> Twn <u>605</u> Rng <u>8W</u> Distance Direction Nearest Town <u>5</u> Miles <u>N</u> of <u>Ocean Springs</u>
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Well / Borehole Data
 Date drilling started: 2/17/06 Date drilling completed: 2/18/06 Hole depth: 195 Hole diameter: 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 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 _____
 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: 60 feet above below (circle one) land surface Date measured: 2/1/06
 Method of Measurement (circle one) steel tape electric tape air line other: plumb bob
 Well depth: 195 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite _____ Mix _____
 Casing length: 185 feet Casing diameter: 2 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 185 feet to 195 feet
 Type of completion (circle all applicable): Gravel packed _____ Underscreened _____ 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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J-403

The sketch below only required for water wells

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

If well telescopes, show depths on sketch
Ground Level _____

Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	
Top Soil	0	3
Red Silty Clay	3	15
White Sand	15	35
Soft Blue Clay	35	55
Fine White Sand	55	65
Soft Blue Clay	65	120
Hard Blue clay	120	175
Coarse water Sand	175	195

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: Karlen R. Tanner

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 0-009218/06
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)

For Office Use Only:

Aquifer: _____
 Well #: J-403
 Elevation: _____

County: Jackson
 Permit #: 0-209
 Driller: R. Mason
 Date completed: 2/18/06
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
 Owner Name: Karla R. Tanner
 Mailing Address: 16470 Spencer - Wilson
Green Springs, MS 39564
 City State Zip Code
 Telephone No. () _____

Well Location
 Latitude: _____ Longitude: _____
 Method of Lat/Long (check one): Conventional Survey _____
 USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
 _____ 1/4 _____ 1/4 Sec 8 T6S R8W
 Distance Direction Nearest Town
5 Miles N of Ocean Springs

Pump Type
 Circle one
 Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 2/18/06
 Rated Pump Capacity: 7 Gallons Per Minute

Power Type
 Circle one
 Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____
 Horse Power Rating of Motor: 1
 Setting Depth: 80 feet
 Number of Stages: 2

Pump Test Data
 Date Well Tested: 2/18/06
 Static Water Level (A): 60 Feet Below Land Surface
 Pumping Water Level (B): 60 Feet Below Land Surface
 Drawdown [(B) - (A)]: 0 Feet Below Land Surface
 Test Pumping Rate: 7 Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level
 Circle one
 Air Line Electric Measuring Line Steel Tape
 Other (specify): Plumb bob
 For flowing well, measured shut in head: N/A feet
 Well yielded 7 GPM with a drawdown of 0 feet after 4 hours of pumping

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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