

### 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 #: J-404  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Jackson  
 Permit #: 0-209  
 Driller: R. Mason  
 Date drilling completed: 2/22/06

*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.*

<b>Information on Well Owner</b> <i>(Landowner if borehole is not for a water well)</i> Owner Name: <u>Mark Mason</u> Mailing Address: <u>17220 Spencer-Wilson</u> <u>Ocean Springs, MS 39564</u> City State Zip Code Telephone No. ( ) _____		<b>Well or Borehole Location</b> Latitude: " ' " Longitude: " ' " Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>1/4</u> <u>1/4</u> Sec <u>8</u> Twn <u>6S</u> Rng <u>8W</u> Distance Direction Nearest Town <u>5</u> Miles <u>N</u> of <u>Ocean Springs</u>	
<b>Well / Borehole Data</b> Date drilling started: <u>2/21/06</u> Date drilling completed: <u>2/22/06</u> Hole depth: <u>195</u> Hole diameter: <u>5</u> Location of the source of any surface water used for drilling: <u>Shed</u> Method of dosing and volume of Chlorine used in drilling and development: <u>1/2 lb per 1000 gal 59% chlorine</u> Logs run (circle all applicable): No log run <input checked="" type="checkbox"/> Electric <input checked="" type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____ Name of organization running log(s): <u>N/A</u> Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____ <i>If driller is not related to water well construction, skip the remainder of this block.</i>			
Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> Other: _____ If a flowing well, method of flow regulation: Valve <input type="checkbox"/> <u>N/A</u> Other (describe) _____ Static Water Level: <u>65</u> feet above or below (circle one) land surface Date measured: <u>2/22/06</u> Method of Measurement (circle one) steel tape <input type="checkbox"/> electric tape <input type="checkbox"/> air line <input type="checkbox"/> other <input checked="" type="checkbox"/> <u>plumb bob</u> Well depth: <u>195</u> feet Well grouted to a depth of <u>15</u> feet Type of grout (circle one): Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix <input type="checkbox"/> Casing length: <u>185</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>PVC</u> Screen length: <u>10</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>PVC</u> Screen slot size: <u>.006</u> inches Setting depth: From <u>185</u> feet to <u>195</u> feet Type of completion (circle all applicable): Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> <input checked="" type="checkbox"/> Natural Development Other (describe): _____ Top of lap pipe or reduction in casing: <u>N/A</u> feet. <i>If telescoped or more than one screen, describe on next page.</i>			

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)

County: Jackson  
 Permit #: 0-209  
 Driller: R. Mason  
 Date completed: 2/22/06  
*Copy information from Mech on Part I*

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: J-404  
 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>Mark Mason</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>17220 Spencer-Wilson</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Ocean Springs, MS 39564</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> T <u>6S</u> R <u>8W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>5</u> Miles <u>N</u> of <u>Ocean Springs</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>2/22/06</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>7</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2/22/06</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>65</u> Feet Below Land Surface	Other (specify): <u>Plumb bob</u>
Pumping Water Level (B): <u>65</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>7</u> GPM with a drawdown of
Test Pumping Rate: <u>7</u> Gallons Per Minute	<u>8</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: QWR-SWE-18

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