

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: 3/31/06

For Office Use Only:
 Aquifer: _____
 Well #: J-407
 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.

<p align="center">Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Cecilia Fountain</u> Mailing Address: <u>Spencer Wilson Rd.</u> <u>Lot #17</u> <u>Ocean Springs, MS 39564</u> City State Zip Code Telephone No. () _____</p>	<p align="center">Well or Borehole Location</p> <p>Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>7</u> Twn <u>6S</u> Rng <u>8W</u> Distance Direction Nearest Town <u>5</u> Miles <u>NE</u> of <u>Lataimer</u></p>
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Well / Borehole Data

Date drilling started: 3/31/06 Date drilling completed: 3/31/06 Hole depth: 190 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 39% 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.

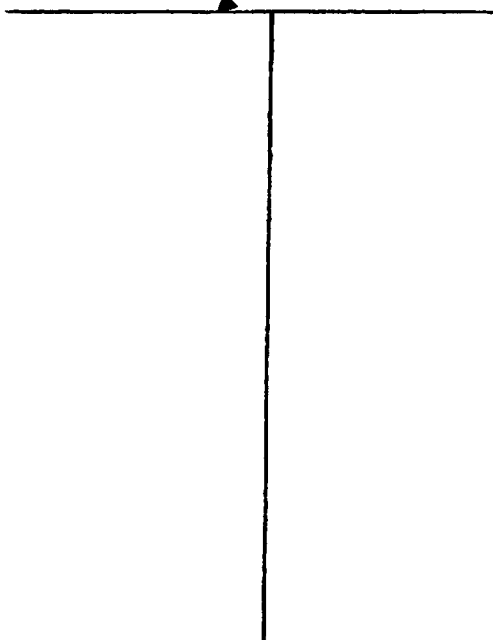
Purpose of Well (check one): Home Industrial Public Supply Irrigation Fish Culture Other: _____
 If a flowing well, method of flow regulation: Valve N/A Other (describe) _____
 Static Water Level: 45 feet above (or below) (circle one) land surface Date measured: 3/31/06
 Method of Measurement (circle one) steel tape electric tape air line other: plumb bob
 Well depth: 190 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 180 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 180 feet to 190 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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J-407

The sketch below only required for water wells.

If well telescopes, show depths on sketch.
Ground Level \rightarrow



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
Sandy Red Clay	3	15
White Sand	15	25
Soft Blue Clay	25	150
Fine White-Sand	150	165
Coarse Water Sand	165	190

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: Cecilia Fountain

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 3/31/06
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)

County: Sackson
 Permit #: 0-209
 Driller: R. Mason
 Date completed: 3/31/06
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: J-407
 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>Coula Fountain</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Spicker Wilson Rd.</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>7</u> T <u>6S</u> R <u>8W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>5</u> Miles <u>NE</u> of <u>Cataumet</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>3/31/06</u>	Setting Depth: <u>160</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>3/31/06</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>45</u> Feet Below Land Surface	Other (specify): <u>Plumb bob</u>
Pumping Water Level (B): <u>45</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>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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