

State Well Report

Part I

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 #: N-872
 L. S. Elevation: _____
 E-log #: _____

County: Jackson
 Permit #: _____
 Driller: R Mason
 Date drilling completed: 8-14-04

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information

Owner Name: H-D Homes
 Mailing Address: Ronald Dahn (owner)
12300 Westcreek
O.S. MS
 City State Zip Code
 Telephone No: 228 669-1979

Well Location

Latitude: _____ Longitude: _____
 Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
 _____ 1/4 _____ 1/4 Sec 11 Twn 85 Rng 8W
 Distance _____ Miles _____ Direction _____ of Gulfport Nearest Town

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
 Date well drilling started: 8-14-04 Date well drilling completed: 8-14-04
 If flowing, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 600 feet above or below (circle one) land surface Date measured: 8-14-04
 Method of Measurement (circle one) steel tape electric tape air line other: Plumb
 Hole depth: 500 Well depth: 490 Well grouted to a depth of 15 feet
 Type of grout (circle one): Cement Bentonite Mix
 Casing length: 490 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 490 feet to 500 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: _____ feet. If telescoped or more than one screen, describe on back of page
 Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Dwight Mason 0-209
 Print Name of Water Well Contractor and License No.

Dwight Mason
 Signature of Water Well Contractor

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 AUG 23 2004
 BY: OLWR

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 #: _____
 Driller: R Mason
 Date completed: 8-14-04

For Office Use Only:
 Aquifer: _____
 Well #: N-872
 Elevation: _____

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information Owner Name: <u>4-D Homes</u> Mailing Address: <u>Ronald Dahn (owner)</u> <u>12300 Weseoanich</u> <u>O.S. MS</u> City State Zip Code Telephone No: <u>228 669-1979</u>		Well 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>11</u> Twn <u>85</u> Rng <u>8W</u> Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of <u>Sulf Park East</u>	
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Pump Type Circle one Air Lift <input checked="" type="radio"/> Jet <input type="radio"/> Submersible Bucket <input type="radio"/> Piston <input type="radio"/> Turbine Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well Other (specify): _____ Date Pump Installed: <u>8-14-04</u> Rated Pump Capacity: <u>20</u> Gallons Per Minute			Power Type Circle one Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO Windmill _____ Other (specify): _____ Horse Power Rating of Motor: <u>2</u> Setting Depth: <u>80</u> feet Number of Stages: <u>18</u>		
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Pump Test Data Date Well Tested: <u>8-14-04</u> Static Water Level (A): <u>70</u> Feet Below Land Surface Pumping Water Level (B): <u>80</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>0</u> Feet Below Land Surface Test Pumping Rate: <u>8-14-04</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours		Method of Measuring Water Level Circle one Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape Other (specify): <u>Plum Bob</u> For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping	
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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

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 AUG 23 2004
 BY: OLWR