

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 #: N-1049
 L. S. Elevation: _____
 E-log #: _____

County: Jackson
 Permit #: 0-652
 Driller: R Mason
 Date drilling completed: 1/14/09

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 <i>(Landowner if borehole is not for a water well)</i> Owner Name: <u>Dwayne Mallott</u> Mailing Address: <u>11504 Winfield Oliver</u> <u>Ocean Springs, MS</u> <u>39564</u> City State Zip Code Telephone No. <u>228 860 2784</u>		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>17</u> Twn <u>7S</u> Rng <u>8W</u> Distance Direction Nearest Town <u>0.3</u> Miles <u>North</u> <u>Highway 90</u> <u>Ocean Springs</u>	
Well / Borehole Data Date drilling started: <u>1/13/09</u> Date drilling completed: <u>1/14/09</u> Hole depth: <u>220'</u> Hole diameter: <u>5"</u> Location of the source of any surface water used for drilling: <u>Shop</u> Method of dosing and volume of Chlorine used in drilling and development: <u>1/2 lb per 1000 lb. 89% chlorine</u> Logs run (circle all applicable): <input checked="" type="radio"/> No log run <input type="radio"/> Electric <input type="radio"/> Gamma Ray <input type="radio"/> Density <input type="radio"/> Sonic <input type="radio"/> Neutron <input type="radio"/> 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 _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) _____ <i>If drilling 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 _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____ If a flowing well, method of flow regulation: Valve <u>N/A</u> Other (describe) _____ Static Water Level: <u>20</u> feet above or <input checked="" type="radio"/> below (circle one) land surface Date measured: <u>1/14/09</u> Method of Measurement (circle one) steel tape electric tape air line other: <u>Plumb Bob</u> Well depth: <u>220</u> Well grouted to a depth of <u>15</u> feet Type of grout (circle one): Neat Cement <input checked="" type="radio"/> Bentonite Mix Casing length: <u>210</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>.0010</u> inches Setting depth: From <u>210</u> feet to <u>220</u> feet Type of completion (circle all applicable): Gravel packed _____ Underreamed _____ Telescoped _____ Open hole <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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BY OLWF

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 #: N-1049

Elevation: _____

County: Jackson
 Permit #: 0-652
 Driller: Mason
 Date completed: 1/14/09
 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>Dwayne Mallot</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>11504 Kinreal Oliver</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Ocean Springs MS</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
<u>39564</u>	_____ 1/4 _____ 1/4 Sec <u>17 T 7 S R 8 W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(228) 860. 2784</u>	<u>0.3</u> Miles <u>North</u> of <u>Hwy 90 Ocean Spring</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Jet	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>1/14/09</u>	Setting Depth: <u>30</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>1/14/09</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>20</u> Feet Below Land Surface	Other (specify): <u>Plumb Bob</u>
Pumping Water Level (B): <u>20</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>3</u> GPM with a drawdown of
Test Pumping Rate: <u>3</u> Gallons Per Minute	<u>0</u> feet after <u>21</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.

Ronald D. Mason 0-652
 Print Name of Pump Installer and License No. (if applicable)

Ronald D. Mason
 Signature of Pump Installer

Form: OLWR-SWR-1B

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