

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:	<u>Jackson</u>
Permit #:	<u>0-652</u>
Driller:	<u>R Mason</u>
Date drilling completed:	<u>11/25/08</u>

For Office Use Only:	
Aquifer:	<u>Q-560</u>
Well #:	<u>Q-560</u>
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>Bo Ladner</u> Mailing Address: <u>7008 Ocean Springs</u> <u>Ocean Springs MS 39564</u> City State Zip Code Telephone No. <u>228 832 2167</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>18</u> Twn <u>7 S</u> Rng <u>7 W</u> Distance _____ Miles Direction _____ of _____ Nearest Town <u>I-10 / Hwy 57</u>
Well / Borehole Data Date drilling started: <u>11/24/08</u> Date drilling completed: <u>11/25/08</u> Hole depth: <u>410</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 lbs 250 897 chlorine</u> Logs run (circle all applicable): No log run <input checked="" type="checkbox"/> Electric <input 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): _____ 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 _____ Other (describe) _____ Static Water Level: <u>60</u> feet above or below (circle one) land surface Date measured: <u>11/25/08</u> Method of Measurement (circle one) steel tape electric tape air line other: <u>Plumb Bob</u> Well depth: <u>410</u> Well grouted to a depth of <u>15</u> feet Type of grout (circle one) <u>Neat Cement</u> Bentonite Mix Casing length: <u>400</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>400</u> feet to <u>410</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>X/A</u> feet. <i>If telescoped or more than one screen, describe on next page</i>		

Form: OLWR-SWR-1A

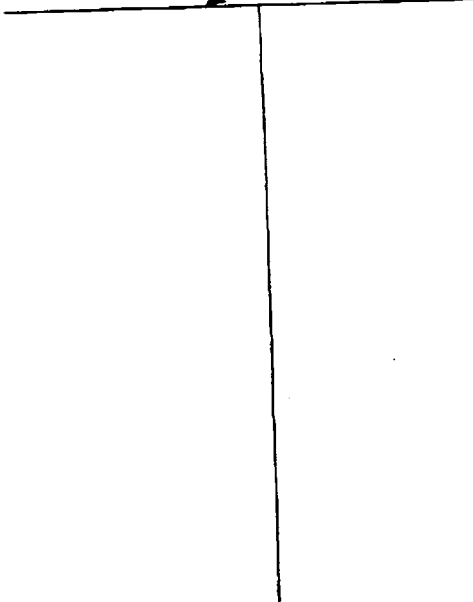
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Q-560

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level 



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
Red Sandy Clay	3	15
White Sand	15	20
Soft Blue Clay	20	160
Hard Blue Clay	160	350
FINE FINE SAND	350	400
Good H ₂ O Sand	400	410

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: Bo Ladner

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.

Print Name of Responsible Licensee and License No. Ronald D Mason - 0-652 Date 1/16/09 Signature of Licensee Ronald D Mason

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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 #: 0-652
 Driller: R Mason
 Date completed: 11/25/08
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: Q-560
 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.

Owner Information		Well Location	
Owner Name: <u>Bo Ladner</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>1008 Ocean Springs</u>	Method of Lat/Long (check one): Conventional Survey _____		
<u>Ocean Springs</u> MS <u>39566</u>	USGS quad _____	Hand-held GPS _____	Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>18</u> T <u>7S</u> R <u>7W</u>		
Telephone No. <u>228 832 2107</u>	Distance _____	Direction _____	Nearest Town _____
	<u>2</u> Miles	<u>S</u>	of <u>I10/Hwy 57</u>

Pump Type Circle one			Power Type Circle one		
Air Lift	<input checked="" type="radio"/> Jet	Submersible	<input checked="" type="radio"/> Diesel Engine	Gasoline Engine	Natural Gas
Bucket	<input type="radio"/> Piston	Turbine	<input checked="" type="radio"/> Electric Motor	Hand	Tractor PTO
Centrifugal	<input type="radio"/> Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: <u>1</u>		
Date Pump Installed: <u>11/25/08</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>11/25/08</u>	Air Line	Electric Measuring Line	Steel Tape
Static Water Level (A): <u>60</u> Feet Below Land Surface	Other (specify): <u>Plumb Bob</u>		
Pumping Water Level (B): <u>60</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet		
Drawdown [(B) - (A)]: <u>0</u> Feet Below Land Surface	Well yielded <u>3</u> GPM with a drawdown of	_____ feet after <u>4</u> hours of pumping	
Test Pumping Rate: <u>3</u> Gallons Per Minute			
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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