

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: Stone
 Permit #: 0-209
 Driller: R. Mason
 Date drilling completed: 3/19/06

For Office Use Only:
 Aquifer: _____
 Well #: M-29
 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>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Pitts</u> Mailing Address: <u>Pasture Rd.</u> <u>Perkinston, MS</u> City State Zip Code Telephone No. () _____</p> | <p>Well or Borehole Location</p> <p>Latitude: _____ Longitude: _____</p> <p>Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS</p> <p>_____ 1/4 _____ 1/4 Sec <u>13</u> Twn <u>4S</u> Rng <u>10W</u></p> <p>Distance _____ Direction _____ Nearest Town _____ <u>1.9</u> Miles <u>E</u> of <u>Perkinston</u></p> |
|---|---|

Well / Borehole Data

Date drilling started: 3/18/06 Date drilling completed: 3/19/06 Hole depth: 360 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 driller 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: 82 feet above (or below) (circle one) land surface Date measured: 3/19/06

Method of Measurement (circle one) steel tape electric tape air line other plumb bob

Well depth: 360 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 350 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: _____ inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 350 feet to 360 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.*

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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: Stone
 Permit #: 0-209
 Driller: R. Mason
 Date completed: 3/19/06
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: M-29
 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>Pitts</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>Pasture Rd</u> | Method of Lat/Long (check one): Conventional Survey _____ |
| <u>Perkinston MS</u> | USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ |
| City State Zip Code | <u>1/4</u> Sec <u>13</u> T <u>4s</u> R <u>10w</u> |
| Telephone No. () _____ | Distance Direction Nearest Town |
| | <u>14</u> Miles <u>E</u> of <u>Perkinston</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 | <input checked="" type="radio"/> Windmill <input type="radio"/> Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>2</u> |
| Date Pump Installed: <u>3/19/06</u> | Setting Depth: <u>100</u> feet |
| Rated Pump Capacity: <u>9</u> Gallons Per Minute | Number of Stages: <u>3</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|--|
| Date Well Tested: <u>3/19/06</u> | Air Line Electric Measuring Line Steel Tape |
| Static Water Level (A): <u>82</u> Feet Below Land Surface | Other (specify): <u>Plumb bob</u> |
| Pumping Water Level (B): <u>82</u> Feet Below Land Surface | For flowing well, measured slnt in head: <u>N/A</u> feet |
| Drawdown [(B) - (A)]: <u>0</u> Feet Below Land Surface | Well yielded <u>9</u> GPM with a drawdown of |
| Test Pumping Rate: <u>9</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

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APR 07 2006
 BY: OLWR