

State Well Report Part I - 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: 3/24/06

For Office Use Only:
 Aquifer: _____
 Well #: M-30
 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)		Well or Borehole Location	
Owner Name: <u>Thompson</u>	Latitude: _____ Longitude: _____	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	
Mailing Address: <u>105 Pasture Rd.</u>	_____ 1/4 _____ 1/4 Sec. <u>13</u> Twn <u>4S</u> Rng <u>10W</u>	Distance _____ Miles Direction <u>E</u> of Nearest Town <u>Perkinston</u>	
<u>Perkinston</u> MS	City State Zip Code		
Telephone No. () _____			

Well / Borehole Data

Date drilling started: 3/20/06 Date drilling completed: 3/21/06 Hole depth: 380 Hole diameter: 5

Location of the source of any surface water used for drilling: Shed

Method of dosing and volume of Chlorine used in drilling and development: 1/2 lb per 1000 gal 89% 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: 82 feet above or below (circle one) land surface Date measured: 3/21/06

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

Well depth: 380 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 370 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 370 feet to 380 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*

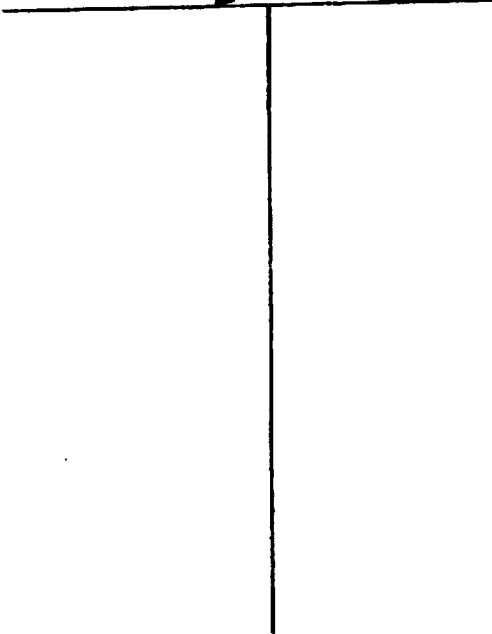
Form: OLWR-SWR-1A

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M-30

The sketch below only required for water wells.

If well telescopes show depths on sketch
Ground Level K



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) Ground Level	To (depth)
Top Soil	0	3
Red Silty Clay	3	15
Sugar Sand	15	45
White Coarse Sand	45	60
Soft Blue Clay	60	220
Fine Water Sand	220	230
Hard Blue Clay	230	335
Fine Water Sand	335	340
Ground Water Sand	340	380

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: Thompson

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. Dwight Mason 0-009 Date 3/21/06

Signature of Licensee Dwight 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: Stone
 Permit #: 0-209
 Driller: R. Mason
 Date completed: 3/20/06
Copy information from Mech on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: M-30
 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>Thompson</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>105 Pasture Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Rockinston, MS</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	<u>1/4</u> <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>Rockinston</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>2</u>
Date Pump Installed: <u>3/21/06</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>3/21/06</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 slant 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 Dwight Mason
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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