

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601)961- 5210
(601)961- 5228 (fax)

County: Hancock
Permit #: MS-EW-16556
Driller: Griner Drilling Service, Inc.
Date drilling completed: 02/11/09

For Office Use Only:
Aquifer: _____
Well #: G170
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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Hancock County Utility Authority</u>	Latitude: <u>30 24' 24.31N</u> Longitude: <u>89 25' 48.66W</u>
Mailing Address: <u>401 Gulfside Street</u>	Method of Lat/Long (check one): Conventional Survey <input checked="" type="radio"/>
<u>Waveland MS 39576</u>	USGS quad <input type="radio"/> Hand-held GPS <input type="radio"/> Survey-grade GPS <input type="radio"/>
City State Zip Code	<u>NE 1/4 SE 1/4 Sec 30 Twn 7S Rng 14W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>1 Miles East of Kiln, MS</u>

Well / Borehole Data W5E

Date drilling started: 02/03/09 Date drilling completed: 02/11/09 Hole depth: 1000' Hole diameter: 21"

Location of the source of any surface water used for drilling: _____
Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (check all applicable): None Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): Griner Drilling Service, Inc.

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 Other (describe) _____

Static Water Level: 10 feet above or below land surface Date measured: 03/10/10

Method of Measurement (check one) steel tape electric tape air line other: _____

Well depth: 670' Well grouted to a depth of 530 feet Type of grout (check one): Neat Cement Bentonite Mix

Casing length: 530 feet Casing diameter: 16 inches Type of casing: Steel

Screen length: 120 feet Screen diameter: 10 3/4 inches Type of screen: Munipak

Screen slot size: .020 inches Setting depth: From 540 feet to 660 feet

Type of completion (check all applicable): Gravel packed Underreamed Telescoped Open hole
Natural Development Other (describe): _____

Top of lap pipe or reduction in casing: 460 feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A (04/08)

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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 2309
Jackson, MS 39225
(601)961-5210
(601)961-5228 (fax)

For Office Use Only:

Aquifer: _____
Well #: G 170
Elevation: _____

County: Hancock
Permit #: _____
Driller: James Smith
Date completed: _____

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>Hancock County Utility Authority</u>	Latitude: <u>30 24' 24.31N</u> Longitude: <u>89 25' 48.66W</u>
Mailing Address: <u>401 Gulfside Street</u>	Method of Lat/Long (check one): Conventional Survey <input type="radio"/>
<u>Waveland MS 39576</u>	USGS quad <input type="radio"/> Hand-held GPS <input type="radio"/> Survey-grade GPS <input type="radio"/>
City State Zip Code	<u>NE 1/4 SE 1/4 Sec 30 T 7S R 14W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>1 Miles East of Kiln, MS</u>

Pump Type	Power Type
Check one	
Air Lift <input type="radio"/>	Diesel Engine <input type="radio"/>
Jet <input type="radio"/>	Gasoline Engine <input type="radio"/>
Submersible <input type="radio"/>	Natural Gas <input type="radio"/>
Bucket <input type="radio"/>	Electric Motor <input checked="" type="radio"/>
Piston <input type="radio"/>	Hand <input type="radio"/>
Turbine <input checked="" type="radio"/>	Tractor PTO <input type="radio"/>
Centrifugal <input type="radio"/>	Windmill <input type="radio"/>
Rotary <input type="radio"/>	Other (specify): _____
Flowing Well <input type="radio"/>	Horse Power Rating of Motor: <u>125</u>
Other (specify): _____	Setting Depth: <u>138</u> feet
Date Pump Installed: <u>06/24/09</u>	Number of Stages: <u>5</u>
Rated Pump Capacity: <u>1500</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level
Check one	
Date Well Tested: <u>03/10/09</u>	Air Line <input type="radio"/>
Static Water Level (A): <u>7.42</u> Feet Below Land Surface	Electric Measuring Line <input checked="" type="radio"/>
Pumping Water Level (B): <u>38.23</u> Feet Below Land Surface	Steel Tape <input type="radio"/>
Drawdown [(B) - (A)]: <u>30.81</u> Feet Below Land Surface	Other (specify): _____
Test Pumping Rate: <u>1005</u> Gallons Per Minute	For flowing well, measured shut in head: _____ feet
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	Well yielded <u>1005</u> GPM with a drawdown of
	<u>30.81</u> feet after <u>24</u> hours of pumping

This is for (check one): New Well Replacement of Existing Pump Repair of Existing Pump

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

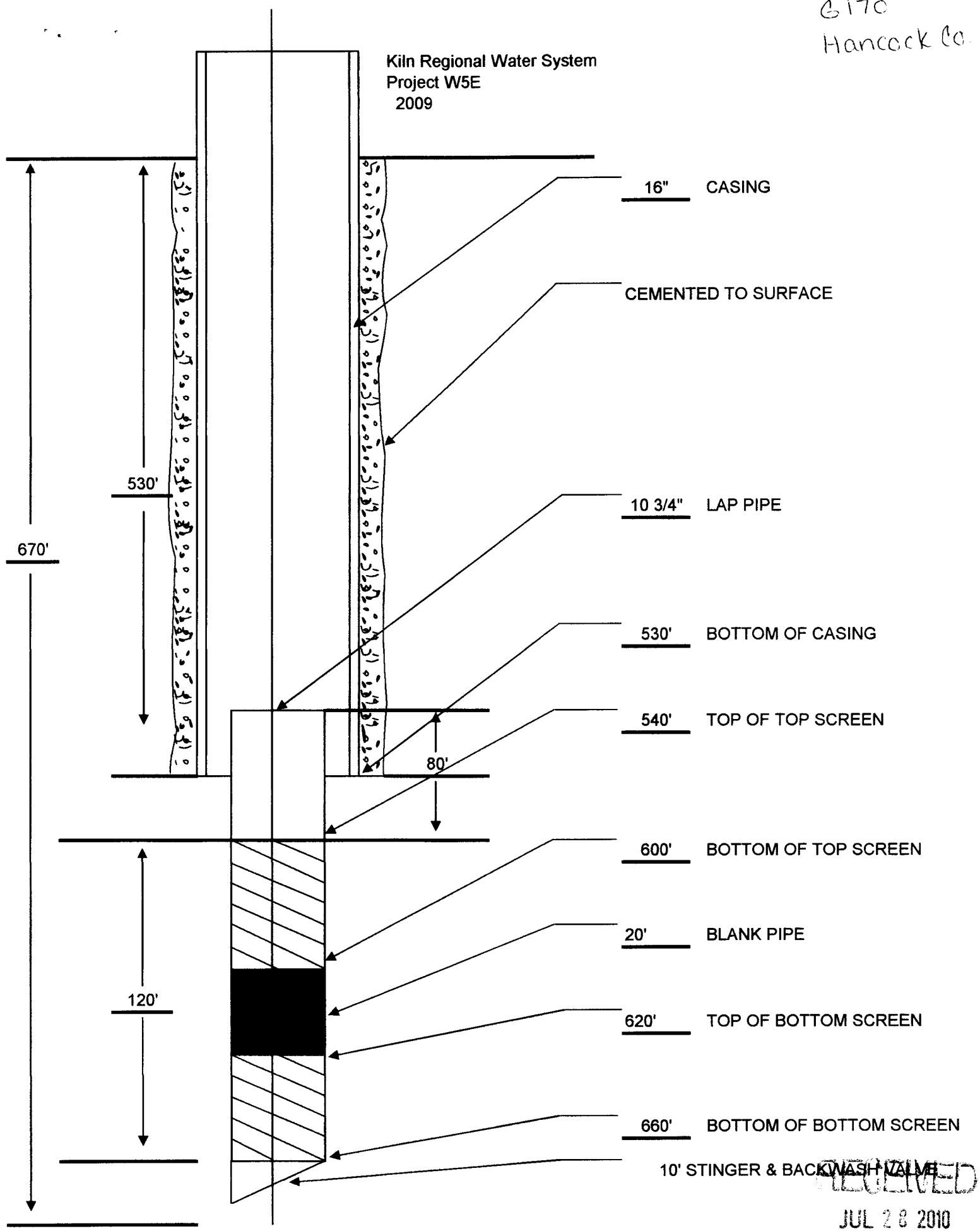
Griner Drilling Service 0-581
Print Name of Pump Installer and License No. (if applicable)

Charles H. R...
Signature of Pump Installer

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Form: OLWR-SWR-1C(07-09) 8 2010
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B170
Hancock Co.

Kiln Regional Water System
Project W5E
2009



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6170

Hancock Co Utility Authority W5E

Image U.S. Geological Survey

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imagery Date: Apr 30, 2006

30°24'22.74" N 89°25'47.63" W elev: 29 ft

Eye alt: 1612 ft

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