County:	Hancock		
Permit #:	MS-GW-16712		
Driller:	Layne Christensen		
Date drilling	g completed: <u>9/21/2012</u>		

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STATE WELL REPORT

For Office Use Only:				
Well #: <u>(~ 172</u>				
Aquifer:				
E-Log #:				

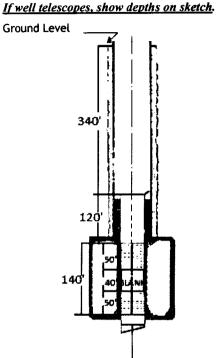
State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Well Owner Information (Landowner if borehole is not for a water well)	36 23 30.06 Well or Borehole Location 87 25 18.72				
Owner Name: Hancock County Utility Authority	Latitude: <u>N-30'-23.501</u> Longitude: <u>W-89'-25.312</u>				
Mailing Address: 401 Gulfside Street	Method of Lat/Long (check one): Conventional Survey,				
	USGS quad, Hand-held GPS_X_, Survey-grade GPS				
Waveland MS 39576	<u><u><u></u><u></u><u><u></u><u></u><u><u></u><u></u><u></u><u><u></u><u></u><u></u><u><u></u><u></u><u></u><u></u><u></u><u></u></u></u></u></u></u></u>				
City State Zip Code	1.5 Miles <u>SE</u> of <u>Kiln</u>				
Telephone No. (228) 467-3702	(Distance) (Direction) (Nearest Town)				
Well / I	Borehole Data				
	: <u>9/21/2012</u> Hole depth: <u>602'</u> Hole diameter: <u>24"</u>				
Location of the source of any surface water used for drilling: <u>N/A</u>					
Method of dosing and volume of Chlorine used in drilling a	and development:N/A				
Logs run (circle all applicable): No log run Electric Cam	ma Ray Density Sonic Neutron Other:				
Name of organization running log(s): <u>Layne Christense</u>	n Company, Jackson, MS				
Purpose of borehole (circle one): Water Well Geotechn	ical/Geological Investigation Ground Source Heat Pump				
Seismic Survey Other	(describe)				
If drilling is not related to water well o	construction, skip the remainder of this block				
Purpose of Well (circle all applicable): Home Industrial	Public Supply Irrigation Fish Culture				
Other (describe):					
If a flowing well, method of flow regulation: Valve \underline{x}	Other (describe) Check Valve & Gate Valve				
Static Water Level:10feet above or below (circle one)	v] land surface Date measured: <u>9/21/2012</u>				
Method of measurement (circle one): Steel tape Electric	tape Air line Other (describe):				
Well depth: <u>602'</u> Well grouted to a depth of: <u>455</u>	feet Type of grout (circle one): Neat Cement Bentonite Mix 7				
Casing length:feet Casing diameter:	16 inches Type of casing: <u>Steel</u>				
Screen length: <u>Split 100</u> feet Screen diameter:	10" inches Type of screen: <u>SS Wire-Wrapped</u> Split Screen w/40' Blank				
Screen slot size: <u>0.020</u> inches Setting depth					
Type of completion (circle all applicable): Gravel packed	Ounderreamed Open hole Natural Development ECENED				
Other (describe):					
Top of lap pipe or reduction in casing: <u>340</u> feet	JUL 1 4 2014				
If telescoped or more than	one screen, describe on next page Form: OLWR 5WR-1A (4/13)//				

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The sketch below only required for water wells

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



Description of Formations Encountered	From (<i>depth</i>)	To (depth)
Fine Sand & Clay	Ground level	170
Blue Clay		305
Fine Sand & Clay		345
Clay		430
Fine Sand		445
Sand		515
Clay & Sand Streaks		550
Sand		625
Blue Clay		650
Fine Sand		685
Clay		725
Sand & Clay Streaks		830
Clay & Sand Streaks		1210

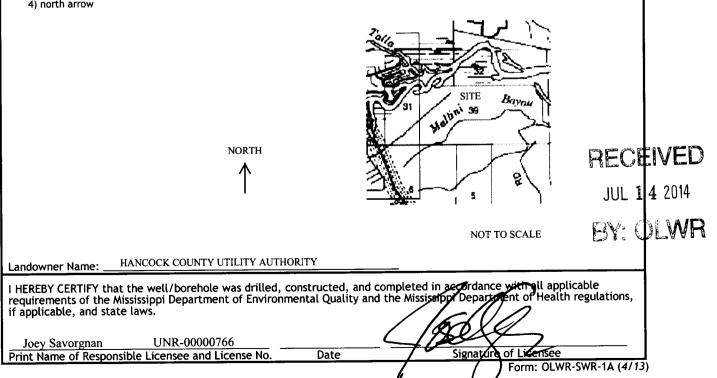
If more than one screen, show location of each on sketch

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 well3) any roads, power lines, or other items that may aid in locating the property and the well

4) north arrow



	STATE W	ELL REPORT		
County: Hancock Part 2			For Office Use Only:	
Permit #: <u>MS-GW-16712</u>		r's Completion Report nent of Environmental Quality	Well #:	
Driller: Layne Christensen	Office of La	nd and Water Resources	weit #.	
Date completed: <u>9/21/2012</u>	P.O. Box 2309 Jackson, MS 39225-2309		Aquifer:	
Copy information from block on Part 1	(6	601)961-5210		
This part of the report must be complete of the report must be attached and both	d by a licensed water) 360-0535 (fax) well contractor or a licensed pun pepartment at the above address w	np installer. A copy of Part 1 ithin 30 days of well completion.	
Well Owner Informati	on	30° 2.3' 30.06 * Well L	ocation 89° 25' 15.72"	
Owner Name: <u>Hancock County Utility Authority</u>		Latitude: <u>N 30' 23.501</u> Lon	gitude: <u>W 89 25.312</u>	
Mailing Address: <u>401 Gulfside Street</u>		Method of Lat/Long (check one)	: Conventional Survey,	
		USGS quad, Hand-held GI	PS <u>x</u> , Survey-grade GPS	
Waveland MS		NIN 1/4 NW 1/4, Sec_	<u>39 (IR)</u> T <u>7S</u> R <u>14 W</u>	
City State	Zip Code	<u>1.5</u> Miles <u>SE</u> of	Kiln	
Telephone No. (228) 467-3702		(Distance) (Direction)	(Nearest Town)	
	Pump Ty	be (c ircle one)		
Submersible Turbine Air Lift Centrif	ugal Flowing Well	Jet Piston Rotary Other (de	scribe):	
Date Pump Installed:10/17/2012	2 F	Rated Pump Capacity:1,500	Gallons Per Minute	
Is This Pump (circle one): New Rep				
	-	pe (circle one)		
Electric Diesel Gasoline Natural Gas	Tractor PTO Win	dmill Other (describe):		
Horse Power Rating of Motor: <u>150</u>	Setting Dept	h: <u>120</u> feet Number	of Stages: <u>4</u>	
	Pump Test Data	for Non Flowing Well		
Date Well Tested:10/17/2012		Duration of Pump Test (minim	um 4 hours): <u>24</u> hours	
Static Water Level (A): <u>Flowing</u> Fee	t Below Land Surface	Pumping Water Level (B): _	68 Feet Below Land Surface	
Drawdown [(B) - (A)]: <u>68</u>	Feet Below Land Surf	ace Test Pumping Rate: <u>1</u>	,200 Gallons Per Minute	
Method of measurement (circle one): St	eel tape Electric ta	pe Air line Other (describe):_		
	Pump Test Dat	a for Flowing Well		
Measured shut in head:feet				
Well yielded <u>1,200</u> GPM with a d	Irawdown of54	feet after <u>24</u>	hours of pumping	
	Motor	nstallation		
	Meter		I	
Meter Manufacturer: <u>Water Specialt</u>		Meter Serial Number:		EIVED
Meter Manufacturer: <u>Water Specialt</u> Meter Model Number/Name:	ies			EIVED
	ies	Type of Meter:Prop	beller Style	EIVED 1 4 2014
Meter Model Number/Name:	ies actor (AF x .001, gal	Type of Meter:Prop x 1000, etc):	beller Style JUL	
Meter Model Number/Name: Totalizer Register Unit and Multiplier Fa	ies actor (AF x .001, gal Meter installed by: _	Type of Meter:Prop x 1000, etc): Layne Christensen Comp	beller Style JUL	
Meter Model Number/Name: Totalizer Register Unit and Multiplier Fa Installation Date:2012 Is This Meter (<i>circle one</i>): New Rep <i>Important: By submitting the above in</i>	ies actor (AF x .001, gal Meter installed by: _ paired Replaceme <i>formation you are ce</i>	Type of Meter:Prop x 1000, etc): Layne Christensen Comp nt	beller Style JUL Dany BY: (Ied to manufacturer standards.	
Meter Model Number/Name: Totalizer Register Unit and Multiplier Fa Installation Date:2012 Is This Meter (circle one): New Rep Important: By submitting the above in For agricultur	ies actor (AF x .001, gal Meter installed by: _ paired Replaceme formation you are ce ral wells, a list of app ments are true to the	Type of Meter:Prop x 1000, etc): Layne Christensen Comp nt rtifying that this meter was instal proved meters is on the MDEQ we	beller Style JUL Dany BY: (Ied to manufacturer standards.	
Meter Model Number/Name: Totalizer Register Unit and Multiplier Fa Installation Date: Is This Meter (circle one): New Reg Important: By submitting the above in For agricultur I HEREBY CERTIFY that the above stater Joev Savorgnan UI	ies actor (AF x .001, gal Meter installed by: _ paired Replaceme formation you are ce ral wells, a list of app ments are true to the NR-00000766	Type of Meter:Prop x 1000, etc): Layne Christensen Comp nt rtifying that this meter was instal proved meters is on the MDEQ we best of my knowledge.	beller Style JUL many BY: Med to manufacturer standards.	
Meter Model Number/Name: Totalizer Register Unit and Multiplier Fa Installation Date:2012 Is This Meter (<i>circle one</i>): New Rep <i>Important: By submitting the above in</i> <i>For agricultu</i> I HEREBY CERTIFY that the above stater	ies actor (AF x .001, gal Meter installed by: _ paired Replaceme formation you are ce ral wells, a list of app ments are true to the NR-00000766	Type of Meter:Prop x 1000, etc): Layne Christensen Comp nt rtifying that this meter was instal proved meters is on the MDEQ we best of my knowledge.	beller Style JUL Dany BY: (Ied to manufacturer standards.	1 4 2014 OLWR

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