

# 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 39225-2309  
(601)961-5210  
(601)360-0535 (fax)

County: HANCOCK  
Permit #: \_\_\_\_\_  
Driller: M. SCHULTZ  
Date drilling completed: 3/28/18

**For Office Use Only:**

Well #: G-173  
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)	Well or Borehole Location
Owner Name: <u>Contractor CNL3 LLC</u>	Latitude: <u>89 20 41</u> Longitude: <u>30 24 33</u>
Mailing Address: <u>KOPALAMA RD</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Diamondhead, MS</u> <u>39525</u>	<u>SE 1/4 NE 1/4, Sec 25 T 7S R 14W</u>
City: _____ State: _____ Zip Code: _____	<u>1/4</u> Miles <u>N</u> of <u>Diamondhead, MS</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 3/28/18 Date drilling completed: 3/18 Hole depth: 383' Hole diameter: 5"

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

Method of dosing and volume of Chlorine used in drilling and development: WTH 1#

Logs run (circle all applicable): No-log run  Electric  Gamma Ray  Density  Sonic  Neutron  Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (circle 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 (circle all applicable): Home  Industrial  Public Supply  Irrigation  Fish Culture

Other (describe): BUSINESS

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) Elevated casing

Static Water Level: 3 feet (above or below) land surface (circle one) Date measured: 3/28/18

Method of measurement (circle one):  Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_

Well depth: 383' Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement  Bentonite  Mix

Casing length: 363 feet Casing diameter: 3" inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: DD 6 inches Setting depth: From 363 feet to 383 feet

Type of completion (circle all applicable): Gravel packed  Underreamed  Open hole  Natural Development

Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet

*If telescoped or more than one screen, describe on next page*

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**APR 06 2018**  
**BY OLWR**

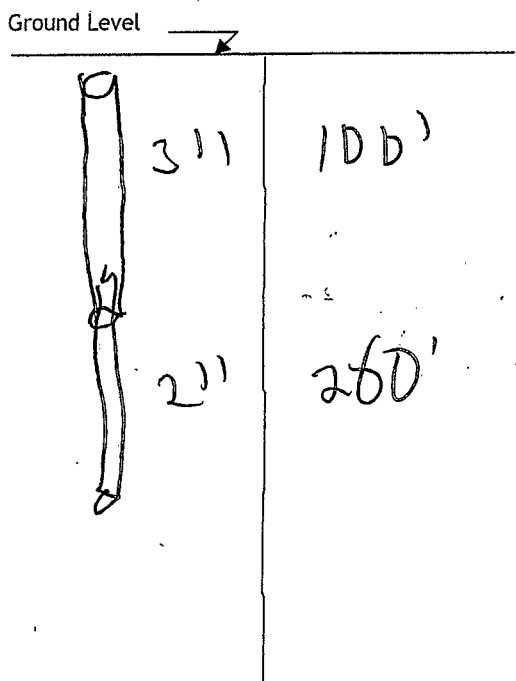
County: HANCOCK  
Permit #: \_\_\_\_\_

For Office Use Only:  
Well #: G173

The sketch below only required for water wells

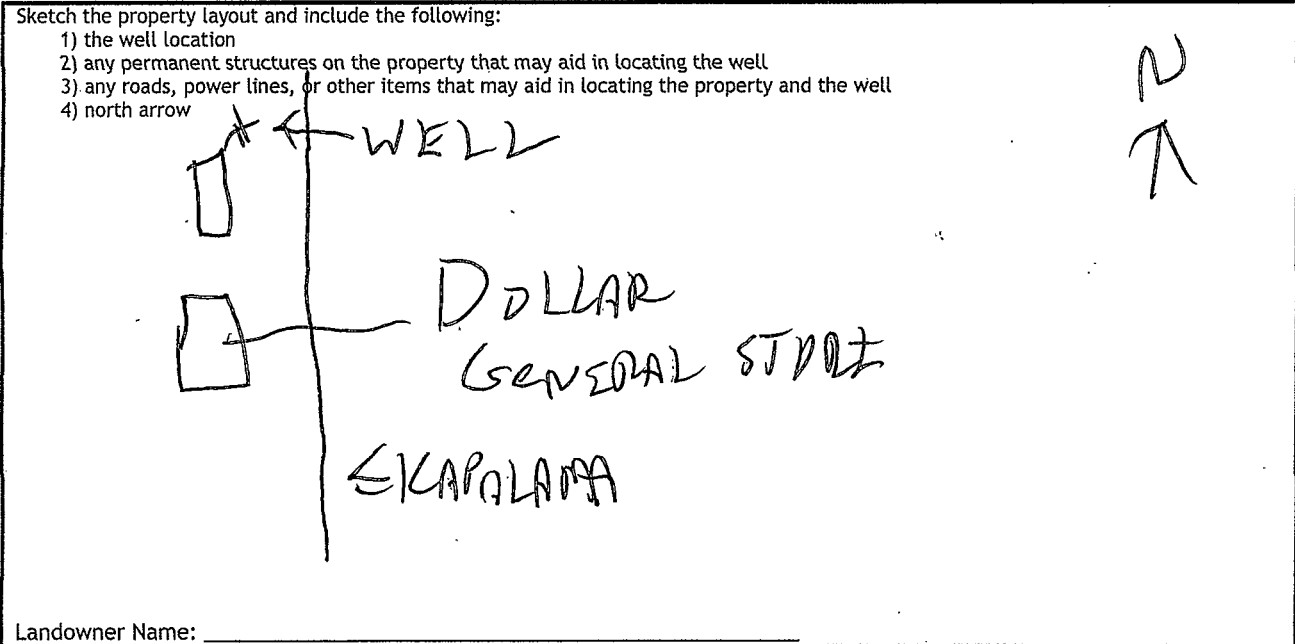
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
CLAY	Ground level	20
SAND	20	90
CLAY	90	330
SAND	330	383

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



Landowner Name: \_\_\_\_\_

I HEREBY 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.

MILLER SCL 470 4/4/18

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

OVER

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# KAPALAMA WELL 383

B.F.

## 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 39225-2309  
 (601)961-5210  
 (601) 360-0535 (fax)

County: HANDLER  
 Permit #: \_\_\_\_\_  
 Driller: \_\_\_\_\_  
 Date completed: \_\_\_\_\_  
*Copy information from block on Part 1*

**For Office Use Only:**  
 Well #: G173  
 Aquifer: \_\_\_\_\_

*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.*

<b>Well Owner Information</b>		<b>Well Location</b>	
Owner Name: <u>CAL3, LLC.</u>	Latitude: <u>30 24 33</u> 33°	Longitude: <u>89-20-41</u>	
Mailing Address: <u>16794 KAPALAMA DR.</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS <input checked="" type="checkbox"/>		
City: <u>PASS</u> State: <u>MS</u> Zip Code: <u>39571</u>	SE 1/4 NE 1/4, Sec <u>25</u> T <u>7S</u> R <u>14W</u>		
Telephone No. <u>(630) 303-3295</u>	Miles _____ of _____	(Distance)	(Direction) (Nearest Town)

**Pump Type (circle one)**  
 Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_  
 Date Pump Installed: 3/21/2018 Rated Pump Capacity: 22 gpm Gallons Per Minute  
 Is This Pump (circle one):  New  Repaired  Replacement

**Power Type (circle one)**  
 Electric  Diesel  Gasoline  Natural Gas  Tractor PTO  Windmill  Other (describe): \_\_\_\_\_  
 Horse Power Rating of Motor: 1.5 Setting Depth: 40' feet Number of Stages: \_\_\_\_\_

**Pump Test Data for Non Flowing Well**  
 Date Well Tested: 3/20/2018 Duration of Pump Test (minimum 4 hours): 4 hours  
 Static Water Level (A): 1 Feet Below Land Surface Pumping Water Level (B): 40 Feet Below Land Surface  
 Drawdown [(B) - (A)]: 10' Feet Below Land Surface Test Pumping Rate: 260 35 Gallons Per Minute  
 Method of measurement (circle one):  Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well**  
 Measured shut in head: \_\_\_\_\_ feet.  
 Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation**  
 Meter Manufacturer: \_\_\_\_\_ Meter Serial Number: \_\_\_\_\_  
 Meter Model Number/Name: \_\_\_\_\_ Type of Meter: \_\_\_\_\_  
 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_  
 Installation Date: \_\_\_\_\_ Meter installed by: \_\_\_\_\_  
 Is This Meter (circle one):  New  Repaired  Replacement  
*Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.*

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
 Print Name of Pump Installer and License No. (if applicable) 4/16/2018 Cameron W. Fair  
 Date Signature of Pump Installer