

Hancock

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)961-5555
(601)961-5228 (fax)

For Office Use Only:

Well #: G174
Aquifer: _____
E-Log #: _____

County: Harrison
Permit #: 0239
Driller: mc Gill pump + well
Date drilling completed: 7-19-18

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>William Dardar</u>	Latitude: <u>30° 28' 43.7" N</u> Longitude: <u>89° 23' 22.19" W</u>
Mailing Address: <u>3370 Dog Patch Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Kiln</u> MS <u>39556</u>	<u>SW</u> 1/4 <u>NW</u> 1/4, Sec <u>3</u> T <u>7S</u> R <u>14W</u>
City State Zip Code	<u>16.1</u> Miles <u>NW</u> of <u>Pass Christian</u>
Telephone No. (<u>228</u>) <u>216-1396</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 7-19-18 Date drilling completed: 7-19-18 Hole depth: 240 Hole diameter: 3 X 2

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

Method of dosing and volume of Chlorine used in drilling and development: NA

Logs run (check all applicable): log run Electric Gamma Ray Density Sonic Neutron Other: NO LOGS RUN

Name of organization running log(s): _____

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 all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) Back wash valve

Static Water Level: 60 feet above or below land surface Date measured: 7-19-18

(check one)

Method of measurement (check one) Steel tape Electric tape Air line Other (describe): _____

Well depth: 240 Well grouted to a depth of: 10 feet Type of grout (check one) Neat Cement Bentonite Mix

Casing length: 220 feet Casing diameter: 3 X 2 inches Type of casing: PVC

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

Screen slot size: .006 inches Setting depth: From 220 feet to 240 feet

Type of completion (check all applicable) gravel packed Underreamed Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: 200 feet

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

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STATE WELL REPORT

Part 2

County: Harrison
 Permit #: 0239
 Driller: McBillo Pump & Well
 Date completed: 7-20-18
Copy information from block on Part 1

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)

For Office Use Only:
 Well #: 6174
 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.

Well Owner Information		Well Location	
Owner Name: <u>William Dardar</u>		Latitude: <u>30°28' 4.37" N</u>	Longitude: <u>89° 23' 22.19" W</u>
Mailing Address: <u>3370 Dogpatch Rd</u>		Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____	
<u>Hahn</u> <u>MS</u> <u>39556</u>		SW <input type="checkbox"/> NW <input type="checkbox"/> Sec <u>3</u> T <u>7S</u> R <u>14W</u>	
City State Zip Code		<u>16.1</u> Miles <u>NW</u> of <u>Pass Christian</u>	
Telephone No. (<u>228</u>) <u>216-1396</u>		(Distance) (Direction) (Nearest Town)	

Pump Type (check one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 7-20-18 Rated Pump Capacity: 22 Gallons Per Minute
 Is This Pump (check one): New Repaired Replacement

Power Type (check one)
 Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
 Horse Power Rating of Motor: 1 Setting Depth: 100 feet Number of Stages: 8

Pump Test Data for Non Flowing Well
 Date Well Tested: 7-20-18 Duration of Pump Test (minimum 4 hours): 4 hours
 Static Water Level (A): 60 Feet Below Land Surface Pumping Water Level (B): 100 Feet Below Land Surface
 Drawdown [(B) - (A)]: 40 Feet Below Land Surface Test Pumping Rate: 22 Gallons Per Minute
 Method of measurement (check one): Steel tape Electric tape Air line Other (describe): _____

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

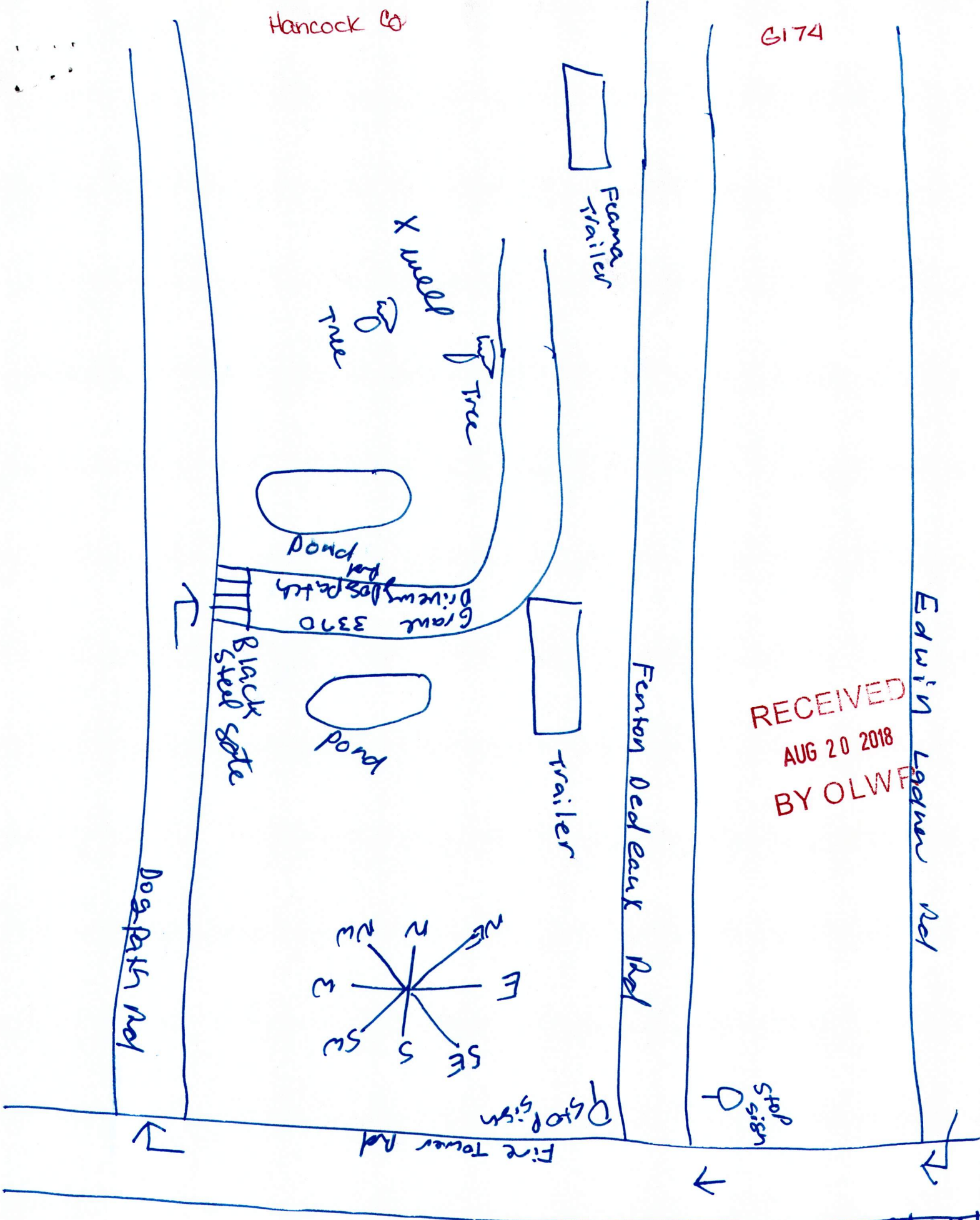
Meter Installation NA
 Meter Manufacturer: _____ Meter Serial Number: _____
 Meter Model Number/Name: _____ Type of Meter: _____
 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____
 Installation Date: _____ Meter installed by: _____
 Is This Meter (check one): New Repaired 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.

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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Michael McMillan 82#0239 01/31/18 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Hancock Co

G174



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Fenton
 UOlun tower
 Fire department
 Fenton
 Dead end
 Rd
 Stop
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 Stop
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 Stop
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