

County hancock
 Permit # _____
 Driller Elmer
 Date drilling completed 2-10-08

Well Driller Report and Well 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)

For Office Use Only
 Aquifer _____
 Well # K-747
 E.S. Elevation _____
 E-log # _____

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information

Owner Name Bay side park fire department
 Mailing Address 6218 w Hinds
bay side park ms
 State Zip Code
 Telephone No (228) 216-5753

Well Location

Latitude 30° 17.563' N Longitude 089° 26.464' W
 Method of Lat/Long (circle one): Hand-held GPS Conventional Survey
 USGS quad _____ Survey grade GPS
 1/4 _____ 1/4 Sec 6 Twn 9S Rng 14W
 Distance _____ Miles Direction _____ Nearest Town _____
6218 w hinds

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other fire
 Date well drilling started: 2-10-08 Date well drilling completed: 2-10-08
 If flowing, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level 25 feet above or below (circle one) land surface Date measured 2-10-08
 Method of Measurement (circle one) steel tape electric tape air line other _____
 Hole depth 185 Well depth: 180 Well grouted to a depth of 100 feet
 Type of grout (circle one) Cement Bentonite Mix
 Casing length 150 feet Casing diameter: 4" inches Type of casing: sch 40
 Screen length 30 feet Screen diameter 4" inches Type of screen: sch 40
 Screen slot size .01 inches Setting depth: From 150 feet to 180 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: _____ feet **If telescoped or more than one screen, describe on back of page**
 Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other _____

Name of organization running log(s): _____
 I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.
Bernard Edmonson 0-793
 Print Name of Water Well Contractor and License No.

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 MAR 25 2008
 BY: OLWR
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths

K-797

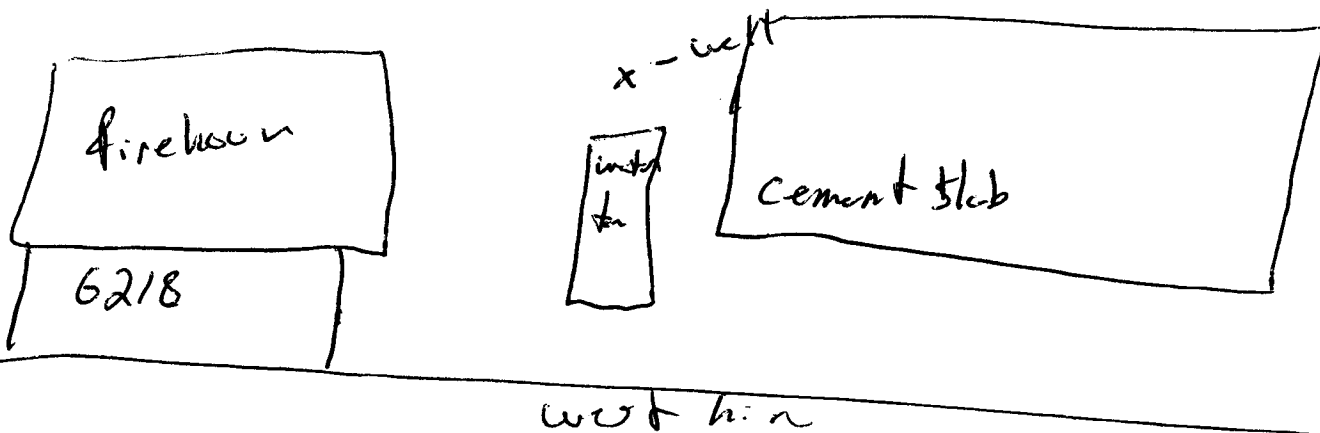
Ground Level

Description of Formations Encountered

Description of Formations Encountered	From	To
Sand	0	10
White & Brown clay	11	20
Brown sand	21	30
black sand	31	70
green clay	71	80
gray clay	81	90
white sand	91	120
black sand	121	149
pe gravel	150	185

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) indicate direction



Landowner Name fire house

Bernard Edmon O-793
Signature of Water Well Contractor

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MAR 25 2008

BY: OLWR

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)

For Office Use Only:

Aquifer _____
Well # K-747
Elevation _____

County Hancock
Pond # _____
Diller Elmer
Date completed 2-10-08

This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.

Well Owner Information	Well Location
Owner Name: <u>Bayside fire department</u>	Latitude: <u>30° 17.563N</u> Longitude: <u>089° 26.469W</u>
Mailing Address: <u>6218 west Hind</u> <u>Baytown MS</u> (City) State Zip Code	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey, USGS quad, Survey-grade GPS
Telephone No: (<u>228</u>) <u>216-5713</u>	Distance _____ Direction _____ Nearest Town _____
	Miles <u>6218</u> west of <u>Hind</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2</u>
Date Pump Installed: <u>2-11-08</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>50</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-11-08</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>25</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>35</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>50</u> Gallons Per Minute	
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.

Berner & Edwards 0-793
Print Name of Pump Installer and License No. (if applicable)

[Signature]
Signature of Pump Installer

RECEIVED

MAR 25 2008

BY: OLWR