

County hancock  
 Permit # \_\_\_\_\_  
 Driller Elmer  
 Date drilling completed 3-10-08

### 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-756  
 F.S. Elevation \_\_\_\_\_  
 F-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	Well Location
Owner Name <u>Habitat for Humanity</u>	Latitude <u>30° 17' 60.7N</u> Longitude <u>089° 26' 39.5W</u>
Mailing Address <u>414 Highway 90</u> <u>Bay St Louis MS 39520</u> City State Zip Code	Method of Lat/Long (circle one): <input checked="" type="radio"/> Conventional Survey, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey grade GPS
Telephone No <u>(228) 467-9699</u>	USGS quad <u>N 1/4 N 1/4 Sec 6 Twn 9S Rng 14W</u>
	Distance _____ Miles Direction _____ Nearest Town _____

**Well Data**

Purpose of Well (circle one)  Home  Industrial  Public Supply  Irrigation  Fish Culture  Other

Date well drilling started: 3-10-08 Date well drilling completed: 3-10-08

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level 15 feet above or below (circle one) land surface Date measured 3-10-08

Method of Measurement (circle one) steel tape electric tape  air line other: \_\_\_\_\_

Hole depth 115 Well depth: 110 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement  Bentonite  Mix

Casing length 100 feet Casing diameter: 4 inches Type of casing: sch 40

Screen length 10 feet Screen diameter: 4 inches Type of screen: sch 40

Screen slot size .01 inches Setting depth: From 100 feet to 110 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.

Brent A. [Signature] 0-793  
 Print Name of Water Well Contractor and License No.

[Signature]  
 Signature of Water Well Contractor

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**BY: OLWR**

If well telescopes please sketch below and show depths

K-756

Ground Level

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
grey clay	81	89
white sand	90	110

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

• 12

1/2

shed

12x12 off back

house

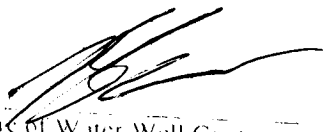
drum  
688

Greenada St

Landowner Name

Habitat for Humanity

Signature of Water Well Contractor



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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 10631  
Jackson, MS 39289-0631  
(601)961-5210  
(601)354-6938 (fax)

For Office Use Only:

Aquifer \_\_\_\_\_  
Well # K-756  
Elevation \_\_\_\_\_

County hancock  
Permit # \_\_\_\_\_  
Driller Elmer  
Date completed 3-10-08

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

Owner Name: Habitat for Humanity  
Mailing Address:  
414 highway 90  
Bay St Louis ms 39520  
City State Zip Code  
Telephone No. (228) 467-9698

#### Well Location

Latitude: 30° 17.607N Longitude: 089° 26.395W  
Method of Lat/Long (circle one): Conventional Survey,  
USGS quad, Hand-held GPS, Survey-grade GPS  
\_\_\_\_ 1/4 \_\_\_\_ 1/4 Sec \_\_\_\_ Twn \_\_\_\_ Rng \_\_\_\_  
Distance \_\_\_\_\_ Direction \_\_\_\_\_ Nearest Town \_\_\_\_\_  
\_\_\_\_ Miles \_\_\_\_ of \_\_\_\_\_

#### Pump Type

Circle one  
Air Lift \_\_\_\_\_ Jet \_\_\_\_\_ Submersible  
Bucket \_\_\_\_\_ Piston \_\_\_\_\_ Turbine \_\_\_\_\_  
Centrifugal \_\_\_\_\_ Rotary \_\_\_\_\_ Flowing Well \_\_\_\_\_  
Other (specify): \_\_\_\_\_  
Date Pump Installed: 3-10-08  
Rated Pump Capacity: 20 Gallons Per Minute

#### Power Type

Circle one  
Diesel Engine \_\_\_\_\_ Gasoline Engine \_\_\_\_\_ Natural Gas \_\_\_\_\_  
Electric Motor \_\_\_\_\_ Hand \_\_\_\_\_ Tractor PTO \_\_\_\_\_  
Windmill \_\_\_\_\_ Other (specify): \_\_\_\_\_  
Horse Power Rating of Motor: 1  
Setting Depth: 80 feet  
Number of Stages: 8

#### Pump Test Data

Date Well Tested: 3-10-08  
Static Water Level (A): 15 Feet Below Land Surface  
Pumping Water Level (B): 25 Feet Below Land Surface  
Drawdown [(B) - (A)]: 10 Feet Below Land Surface  
Test Pumping Rate: 20 Gallons Per Minute  
Duration of Pump Test (minimum 4 hours): 4 hours

#### Method of Measuring Water Level

Circle one  
Air Line \_\_\_\_\_ Electric Measuring Line \_\_\_\_\_ Steel Tape  
Other (specify): \_\_\_\_\_  
For flowing well, measured shut in head: \_\_\_\_\_ feet  
Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_  
\_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

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

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

[Signature]  
Signature of Pump Installer

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MAR 25 2008

**BY: OLWR**