

County: LANCOSTER  
 Permit #: \_\_\_\_\_  
 Driller: 470  
 Date drilling completed: 7/12/08

# State Well Report

## Part 1 - Driller's 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-851  
 L. S. Elevation: \_\_\_\_\_  
 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.*

<p><b>Information on Well Owner</b>  <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>ST. ANNE'S CHURCH</u>        Mailing Address: <u>11071 LARKWOOD PARK RD</u>  <u>CLEARMONT, MS</u>        City State Zip Code        Telephone No. (____) _____</p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>30.1630</u>, Longitude: <u>89.2525</u>        Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS  <u>Sw</u> 1/4 <u>Nw</u> 1/4 Sec <u>8</u> Twn <u>9s</u> Rng <u>14w</u>        Distance Direction Nearest Town  <u>5</u> Miles <u>S.W.</u> of <u>WAKE LAKE</u></p>
--	--

**Well / Borehole Data**

Date drilling started: 7/8/08 Date drilling completed: 7/8/08 Hole depth: 300 Hole diameter: 5"

Location of the source of any surface water used for drilling: \_\_\_\_\_  
 Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

Logs run (circle all applicable):  No log run  Electric  Gamma Ray  Density  Sonic  Neutron  Other: \_\_\_\_\_  
 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 one): Home  Industrial \_\_\_\_\_ Public Supply \_\_\_\_\_ Irrigation \_\_\_\_\_ Fish Culture \_\_\_\_\_ Other: \_\_\_\_\_

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

Static Water Level: 9 feet above or below (circle one) land surface Date measured: 7/12/08

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

Well depth: 300 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement  Bentonite  Mix

Casing length: 280 feet Casing diameter: 3" inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 2 inches Type of screen: \_\_\_\_\_

Screen slot size: 006 inches Setting depth: From 280 feet to 300 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 next page*

**RECEIVED**  
 JUL 18 2008  
 Form: OLWR-SWR-1A  
**BY: OLWR**

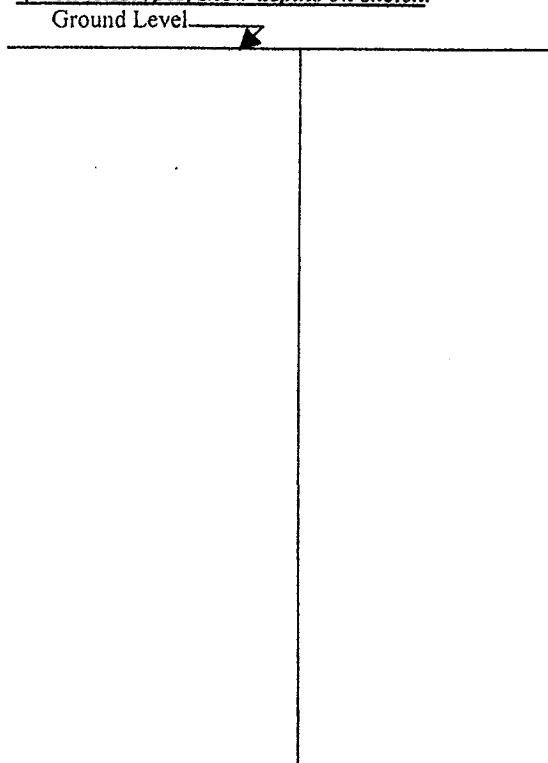
32 29

K-851

The sketch below only required for water wells

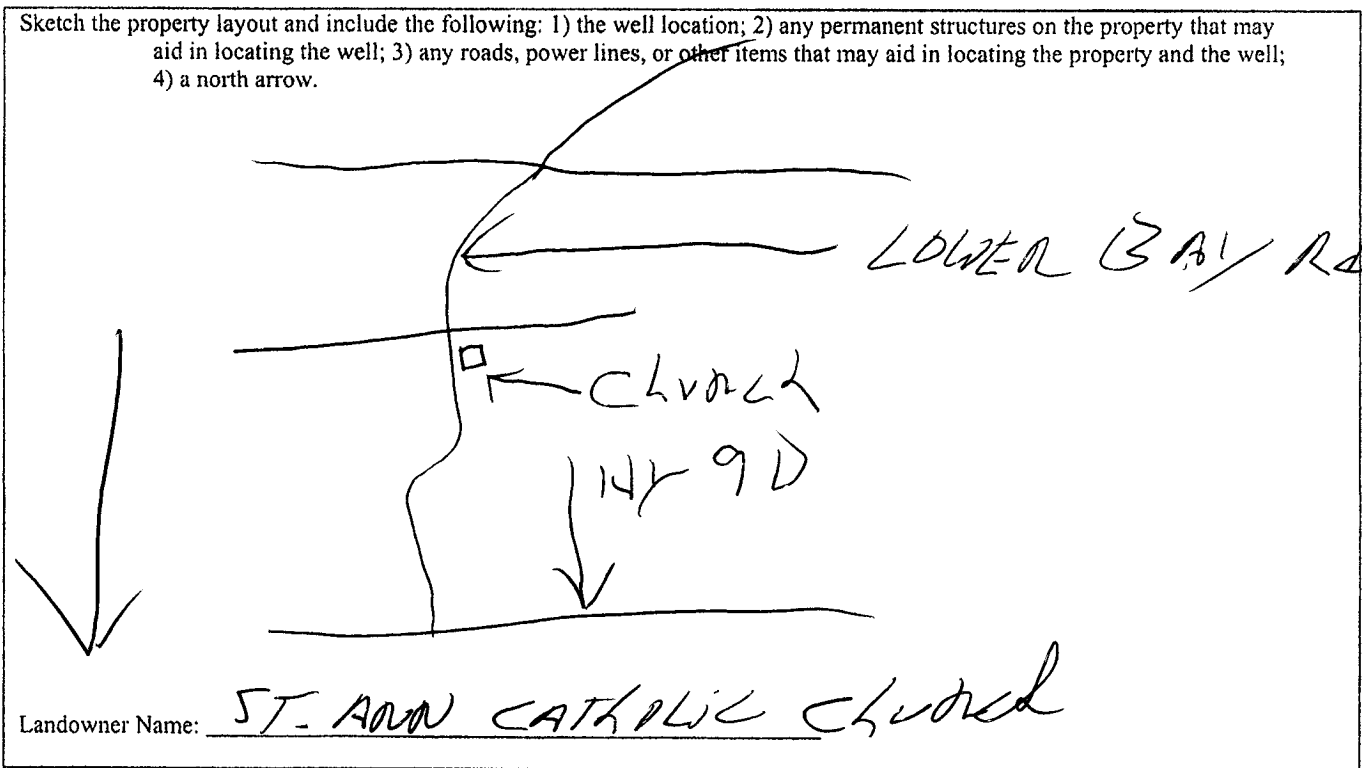
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
SAND	Ground Level	111
CLAY	112	220
SAND	220	303

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



Form: OLWR-SWR-1A

I 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.

M. Schuler 470 7/11/08 \_\_\_\_\_  
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

# 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)

County: HANCOCK  
 Permit #: \_\_\_\_\_  
 Driller: 470-SELVW  
 Date completed: 7/11/08  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: K-851  
 Elevation: \_\_\_\_\_

*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.*

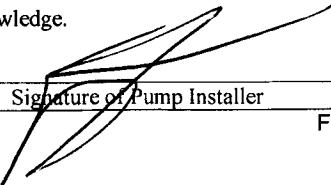
Well Owner Information	Well Location
Owner Name: <u>ST. ANN Church</u>	Latitude: <u>30.16.30</u> Longitude: <u>89.25.25</u>
Mailing Address: <u>11071 L. BAY RD</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>CLERMONT MS</u> City State Zip Code	Distance Direction Nearest Town <u>3</u> Miles <u>SW</u> of <u>LOUISIANA</u>
Telephone No. ( ) _____	

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1.5</u>
Date Pump Installed: <u>7/11</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>25</u> Gallons Per Minute	Number of Stages: <u>4</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7/11</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>9</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>10</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>1</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>30</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>12</u> hours	

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

M. Selvid 470  
 Print Name of Pump Installer and License No. (if applicable)

  
 Signature of Pump Installer

**RECEIVED**  
 Form OLWR 6/11/07

JUL 18 2008  
 BY: OLWR