

County: Hancock  
 Permit #: \_\_\_\_\_  
 Driller: Garry Lantz  
 Date drilling completed: 2-22-08

**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-852  
 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.*

**Information on Well Owner**  
 (Landowner if borehole is not for a water well)  
 Owner Name: Derby Homes  
 Mailing Address: 6110 W Lamar  
Bay St Louis MS 39520  
 City State Zip Code  
 Telephone No. (239) 303-3580

**Well or Borehole Location**  
 Latitude: 30° 17' 38.7" Longitude: 89° 26' 36.2"  
 Method of Lat/Long (circle one): Hand-held GPS, Survey-grade GPS  
 USGS quad Sw 1/4 Nw 1/4 Sec 6 Twn 9S Rng 14W  
 Distance 6 Miles W of Warland

**Well / Borehole Data**  
 Date drilling started: 2-21-08 Date drilling completed: 2-22-08 Hole depth: 140' Hole diameter: 5.5"  
 Location of the source of any surface water used for drilling: Warland City Water  
 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 N/A Other (describe) \_\_\_\_\_  
 Static Water Level: 10 feet above below (circle one) land surface Date measured: 2-22-08  
 Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
 Well depth: 140 feet Well grouted to a depth of 10 feet Type of grout (circle one) Neat Cement Bentonite Mix  
 Casing length: 120 feet Casing diameter: 4" inches Type of casing: PVC  
 Screen length: 20 feet Screen diameter: 4" inches Type of screen: PVC  
 Screen slot size: 6 inches Setting depth: From 120 feet to 140 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*

Form: OLWR-SWR-1A

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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 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

County: Hancock  
 Permit #: \_\_\_\_\_  
 Driller: Garry Lantz  
 Date completed: 2-22-08  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: K-852  
 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>Parby Homes</u>	Latitude: <u>30.17.387</u> Longitude: <u>089.26.368</u>
Mailing Address: <u>6110 W Lamar</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Bay St. Louis MS 39520</u>	USGS quad <u>Hand-held GPS</u> , Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>6</u> Miles <u>W</u> of <u>Waveland</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine <input type="radio"/>	<u>Electric Motor</u> <input checked="" type="radio"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2</u>
Date Pump Installed: <u>6-20-08</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>7</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-20-08</u>	Air Line Electric Measuring Line <u>Steel Tape</u> <input checked="" type="radio"/>
Static Water Level (A): <u>10</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>27</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>17</u> Feet Below Land Surface	Well yielded <u>20</u> GPM with a drawdown of
Test Pumping Rate: <u>20</u> Gallons Per Minute	<u>20</u> feet after <u>4</u> hours of pumping
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.

Garry Lantz 0794 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B (04/08)

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