

County: Hancock
 Permit #: _____
 Driller: 0-785
 Date drilling completed: 6-24-10

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: K 908
 Well #: _____
 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>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Jim Otis</u> Mailing Address: <u>6055</u> <u>Monroe St.</u> <u>Bay St. Louis Ms. 39520</u> City State Zip Code Telephone No. <u>(469-583-5228)</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>30° 19.727^{NS}</u> Longitude: <u>89° 25.760^W</u> Method of Lat/Long (circle one): Conventional Survey, USGS <u>quad</u>, <u>Hand-held GPS</u>, Survey-grade GPS <u>N6</u> <u>NE</u> Sec <u>30</u> Twn <u>8S</u> Rng <u>14W</u> Distance _____ Miles _____ of _____ Nearest Town _____</p>
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Well / Borehole Data

Date drilling started: 6-24 Date drilling completed: 6-24 Hole depth: 130' 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 logs: _____

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: 12 feet above or below (circle one) land surface Date measured: 6-24-10

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

Well depth: 130 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 120 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 120 feet to 130 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 **RECEIVED**
 JUL 09 2010
 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 19671
 Jackson, MS 39289-0671
 (601)961-5210
 (601)354-6933 (fax)

County: Hancock
 Permit #: _____
 Driller: 0-785
 Date completed: 6-24-10
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: K908
 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>Jim Otis</u>	Latitude: <u>30° 19.437'</u> Longitude: <u>89° 25.760'</u>
Mailing Address: <u>6055</u> <u>Monroe St.</u> <u>Bay St. Louis Ms. 39520</u> City State Zip Code	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey _____ <input type="checkbox"/> USGS quad _____ <input type="checkbox"/> Hand-held GPS _____ <input type="checkbox"/> Survey-grade GPS _____ _____ N _____ W Sec _____ T _____ R _____
Telephone No. <u>469-582-5228</u>	Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift: <input checked="" type="radio"/> Jet _____ <input type="radio"/> Submersible _____ Bucket: <input type="radio"/> Piston _____ <input type="radio"/> Turbine _____ Centrifugal: <input type="radio"/> Rotary _____ <input type="radio"/> Flowing Well _____ Other (specify): _____	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____ <input checked="" type="radio"/> Electric Motor _____ Hand _____ Tractor PTO _____ Windmill _____ Other (specify): _____ Horse Power Rating of Motor: <u>1</u> _____ Setting Depth: _____ feet Number of Stages: _____
Date Pump Installed: <u>6-24-10</u>	
Rated Pump Capacity: _____ Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-24-10</u>	Air Line _____ Electric Measuring Line _____ <input checked="" type="radio"/> Steel Tape _____
Static Water Level (A): <u>12</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>25</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>13</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	

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

MALVIN WAGNON 0-785
 Print Name of Pump Installer and License No. (if applicable)

Malvin Wagon
 Signature of Pump Installer

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