County:	HANCOCK		
Permit #:	MS-GW-16662		
Driller:	LAYNE-CENTRAL		
Date drilli	ng completed:5/10/10		

Well Driller Report and Well Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P. O. Box 2309
Jackson, MS 39225-2309
(601) 961-5210

(601) 354-6938 (fax)

For Office Use Only:		
Aquifer:		
Well #:	K910	
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.

Department at the above address within 30 days of comp	letion of drilling of the well or borehole.				
Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location				
Owner Name HANCOCK COUNTY UTILITY AUTH	Latitude: N 30' 18.845 So Longitude: W 89' 22.527				
Mailing Address: PO BOX 110	Method of Lat/Long (circle one): Conventional Survey				
	USGS quad, Hand-Held GPS, Survey-grade GPS				
WAVELAND MS 39576	SE 1/4 SE 1/4 Sec 27 1 Twn 8 S 1 Rng 14 W				
City State Zip Code	Distance Direction Nearest Town				
Telephone No. (228) 466-5155	Miles WEST of BAY ST. LOUIS				
Well / Bor	ehole Data				
Date drilling started:3/09/10 Date well drilling completed:	5/10/10 Hole Depth: 1840' Hole diameter: 29"				
Location of the source of any surface water used for drilling: N/A					
Method of dosing and volume of Chlorine used in drilling and develo	opment: N/A				
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:					
Name of organization running log(s): LAYNE CHRISTENSEN	COMPANY, JACKSON, MS				
Purpose of borehole (check one): Water Well 🗸 Geotechnical/Geological Investigation Ground Source Heat Pump					
Seismic Survey Other	r (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 flowing, method of flow regulation: Valve Other (describe)					
Static Water Level: (FLOWING) feet above or below (circle one) land surface Date measured: 4/27/10					
Method of Measurement (circle one) steel tape elec	etric tape air line other:				
Well depth: 1840' Well grouted to a depth of: 1760' Type of grout (circle one): Neat Cement Bentonite Mix					
Casing length: 1760 feet Casing diameter:	16 inches Type of casing: STEEL				
Screen length: feet Screen diameter:	10 inches Type of screen: STAINLESS				
Screen slot size: 0.025 inches	etting depth: From 1765 feet to 1835 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: 1638 feet. If telescoped or more than one screen, describe on next page.					

Form: BEGGIVED

The sketch below only required for water wells.

If well telescopes, show depths on sketch.

<u>Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations.</u>

round Level	Description of Formations Encountered	From	10
	TOP SOIL	0	5
	SAND	5	95
	CLAY	95	185
	SANDY CLAY	185	390
	SAND	390	480
	CLAY & SAND STREAKS	480	580
	SAND	580	630
	SANDY CLAY & SHALE	630	800
	SAND	800	890
	SHALE & SAND STREAKS	890	990
	SANDY CLAY & SHALE	990	1400
	HARD SHALE & SAND STREAKS	1400	1760
	SAND	1760	1840
	HARD SHALE	1840	1900
	SAND	1900	2000
	SAND & SHALE STREAKS	2000	2070
			ļ

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

Print Name of Responsible Licensee and License No.

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	7th St
NORTH	
A	thway 502 Congretion, 40

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may

NOT TO SCALE

Landowner's Name:

HANCOCK COUNTY UTILITY AUTHORITY

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.

DAVE COOK

0-692

Date

Signature of Licensee

4EUEIVEL

MAY 0 1 2012

BY: OLWR

State wen keport						
		Part 2	For Office Use Only:			
County: HANCOCK		's Completion Report				
I 1.2. 1.		ent of Environmental Quality and Water Resources	Aquifer:			
Permit #: MS-GW-16662		Box 2309				
Driller: LAYNE CHRISTENSEN		MS 39225-2309	Well #: <u>K910</u>			
	-) 961-5210				
Date Completed: 5/10/10	(601) 3	54-6938 (fax)	Elevation:			
Copy information from block on Part 1						
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 Informatio		Well Location				
Owner Name HANCOCK COUNTY UTILITY AUTH		Latitude: N 30' 18.845 Longitude: W 89' 22.527				
Mailing Address: PO BOX 110		Method of Lat/Long (check one): Conventional Survey				
USGS quad ✓ Hand-Held GPS Survey-grade GP			d GPS Survey-grade GPS			
WAVELAND	MS 39576	SE 1/4 SE 1/4 Sec 2	7_ T_8S_ R_14W_			
City	State Zip Code					
Training No. (220) 4// 5155		Distance Direc				
Telephone No. (228) 466.5155		Miles WE	ST of BAY ST. LOUIS			
Pump Type			wer Type			
Circle One	Culture and the		ircle One line Engine Natural Gas			
Air Lift Jet	Submersible		·			
Bucket Piston	Turbine	Electric Motor	Hand Tractor PTO			
Centrifugal Rotary	Flowing Well	Windmill Of	ther (specify):			
Other (specify):		Horse Power Rating of Motor: 75				
Date Pump Installed: 3/10/11		Setting Depth: 1	feet			
Rated Pump Capacity 1200	Gallons Per Minute	Number of Stages:	3			
Pump Test Data		Method of Measuring Water Level Circle One				
Date Well Tested: 3/10/11		Air Line Electric I	Measuring Line Steel Tape			
Static Water Level (A): +48 Feet	Below Land Surface	Other (specify):	PRESSURE GAUGE			
·	Below Land Surface					
<u> </u>	t Below Land Surface	For flowing well, measured sh	ut in head: 48 feet			
Test Pumping Rate: 1000	Gallons Per Minute	Well yielded 1000	GPM with a drawdown of			
Duration of Pump Test (minimum 4 hours):	8 hours	7 feet after	8 hours of pumping			
Datation of Fump Test (minimum 4 nours).	nours	I				
This is for (circle one) New Well Replacement of Existing Pump Repair of Existing Pump						
I hereby certify that the above statements are true to the best of my knowledge.						
DAVE COOK 692 Dave Lora						
Print Name of Pump Installer and License N		Signat	ure of Pump Ruff CEIVED			
The state of the s	\ 16	8				

MAY 0 1 2012

BY: OLWR