

County: HANCOCK

Permit #: MS-GW-16662

Driller: LAYNE-CENTRAL

Date drilling 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.*

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name <u>HANCOCK COUNTY UTILITY AUTH</u>	Latitude: <u>N 30° 18.845 50</u> Longitude: <u>W 89° 22.527</u>
Mailing Address: <u>PO BOX 110</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> <sup>31</sup>
<u>WAVELAND</u> <u>MS</u> <u>39576</u>	USGS quad, <u>Hand-Held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SE</u> ¼ <u>SE</u> ¼ Sec <u>27</u> ✓ Tw n <u>8 S</u> ✓ Rng <u>14 W</u> ✓
Telephone No. ( <u>228</u> ) <u>466-5155</u>	Distance Direction Nearest Town
	_____ Miles <u>WEST</u> of <u>BAY ST. LOUIS</u>

**Well / Borehole 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 development: 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 (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 electric 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: 70 feet Screen diameter: 10 inches Type of screen: STAINLESS

Screen slot size: 0.025 inches Setting 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.*

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MAY 01 2012  
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 2309  
 Jackson, MS 39225-2309  
 (601) 961-5210  
 (601) 354-6938 (fax)

County: HANCOCK  
 Permit #: MS-GW-16662  
 Driller: LAYNE CHRISTENSEN  
 Date Completed: 5/10/10  
*Copy information from block on Part 1*

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: K910  
 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>HANCOCK COUNTY UTILITY AUTH</u>	Latitude: <u>N 30' 18.845</u> Longitude: <u>W 89' 22.527</u>
Mailing Address: <u>PO BOX 110</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>WAVELAND</u> <u>MS</u> <u>39576</u>	USGS quad <input checked="" type="checkbox"/> Hand-Held GPS _____ Survey-grade GPS _____
City State Zip Code	<u>SE</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$ Sec <u>27</u> T <u>8 S</u> R <u>14 W</u>
Telephone No. ( <u>228</u> ) <u>466.5155</u>	Distance Direction Nearest Town
	_____ Miles <u>WEST</u> of <u>BAY ST. LOUIS</u>

Pump Type	Power Type
Circle One	Circle One
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> 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>75</u>
Date Pump Installed: <u>3/10/11</u>	Setting Depth: <u>113</u> feet
Rated Pump Capacity <u>1200</u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>3/10/11</u>	Circle One
Static Water Level (A): <u>+48</u> Feet <del>Below</del> Land Surface	Air Line Electric Measuring Line Steel Tape
Pumping Water Level (B): <u>+41</u> Feet <del>Below</del> Land Surface	Other (specify): <u>PRESSURE GAUGE</u>
Drawdown [(B) - (A)]: <u>7</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>48</u> feet
Test Pumping Rate: <u>1000</u> Gallons Per Minute	Well yielded <u>1000</u> GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): <u>8</u> hours	<u>7</u> feet after <u>8</u> hours of pumping

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 Cook  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

MAY 01 2012  
 BY: OLWR

