

Well Driller Report and Well Log

For Office Use Only:

County: HANCOCK
 Permit #: MS-GW-16711
 Driller: LAYNE-CENTRAL
 Date drilling completed: 1/28/11

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)

Aquifer: _____
 Well #: K911
 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>30° 18' ¹⁶ 27" N</u> Longitude: <u>89° 25' ³⁷ 20" W</u>
Mailing Address: <u>PO BOX 110</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>WAVELAND MS 39576</u>	<input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-Held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip Code	<u>NE 1/4 SE 1/4</u> Sec <u>31</u> TwN <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>WAVELAND</u>

Well / Borehole Data

Date drilling started: 11/3/10 Date well drilling completed: 1/28/11 Hole Depth: 1165' 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, PENSACOLA, FL

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: 32 feet above or below (circle one) land surface Date measured: 1/18/11

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

Well depth: 1165' Well grouted to a depth of: 1045' Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 1045 feet Casing diameter: 16 inches Type of casing: STEEL

Screen length: 100 feet Screen diameter: 10 inches Type of screen: STAINLESS

Screen slot size: 0.025 inches Setting depth: From 1055 feet to 1155 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: 924 feet. **If telescoped or more than one screen, describe on next page.**

RECEIVED

MAY 01 2012

BY: OLWR

K911

The sketch below only required for water wells.

If well telescopes, show depths on sketch.

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

Ground Level

Description of Formations Encountered	From	To
TOP SOIL	0	5
SANDY CLAY	5	20
SAND	20	100
SAND/PEA GRAVEL	100	105
SANDY CLAY	105	145
CLAY & SAND STREAKS	145	255
SAND & SHALE STREAKS	255	291
SANDY SHALE	291	350
SHALE	350	463
SAND	463	497
SHALE	497	610
SANDY CLAY & SHALE	610	740
SAND & SHALE	740	820
HARD SHALE	820	917
CLAY & SHALE (GUMMY)	917	960
SAND	960	1160
SAND & SHALE STREAKS	1160	1225

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.

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
 Print Name of Responsible Licensee and License No.

 Date

Dave Cook
 Signature of Licensee

RECEIVED
 MAY 01 2012
 BY: OLWR

HARBOR DRIVE

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-16711

Driller: LAYNE CHRISTENSEN

Date Completed: 1/28/11

Copy information from block on Part 1

For Office Use Only:

Aquifer: _____

Well #: K911

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>30' 18.277 N</u> Longitude: <u>89' 25.620 W</u>
Mailing Address: <u>PO BOX 110</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>WAVELAND MS 39576</u>	USGS quad <input checked="" type="checkbox"/> Hand-Held GPS _____ Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 SE 1/4</u> Sec <u>31</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>WAVELAND</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 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>7/19/11</u>	Setting Depth: <u>103</u> feet
Rated Pump Capacity <u>1000</u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>8/16/2011</u>	Circle One
Static Water Level (A): _____ Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape
Pumping Water Level (B): _____ Feet Below Land Surface	Other (specify): <u>PRESSURE GAUGE</u>
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	For flowing well, measured shut in head: <u>27</u> feet
Test Pumping Rate: _____ Gallons Per Minute	Well yielded <u>1050</u> GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): _____ hours	<u>12</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

RECEIVED

MAY 01 2012
BY: OLWR