

Hancock

County: HANCOCK
 Permit #: 0239
 Driller: McMill Pump & Well
 Date drilling completed: 3-3-16

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 715
 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>Mike Cure</u> Mailing Address: <u>5200 Ship Yard Rd</u> <u>Lake Shore MS 39558</u> City State Zip Code Telephone No. <u>(228) 467-4332</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>30° 14' 36.3"</u> Longitude: <u>89° 26' 20.25" W</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS <u>NE 1/4 SW 1/4 Sec 28 Twn 9S Rng 14W</u> Distance Direction Nearest Town <u>1.3 Miles west of Lake Shore</u></p>
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Well / Borehole Data

Date drilling started: 3-2-16 Date drilling completed: 3-3-16 Hole depth: 340 Hole diameter: 4x2

Location of the source of any surface water used for drilling: Well 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 _____ Other (describe): Back wash

Static Water Level: 10 feet above or below (circle one) land surface Date measured: 3-4-16

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

Well depth: 340 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 320 feet Casing diameter: 4x2 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 2" inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 320 feet to 340 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: 180 feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

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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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: HARRISON
 Permit #: 0239
 Driller: ML Will Pump & Well
 Date completed: 3-3-16
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: 4915
 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>Mike Cure</u> Mailing Address: <u>5200 Ship. Yard Rd</u> <u>Lake Shore MS 39558</u> <small>City State Zip Code</small> Telephone No. (<u>228</u>) <u>467-4332</u>	Latitude: <u>30° 14' 38.31" N</u> Longitude: <u>89° 26' 20.25" W</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ <u>NE 1/4 SW 1/4 Sec 25 T 9S R 14N</u> Distance Direction Nearest Town <u>1.3 Miles West of Lake Shore</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <input checked="" type="checkbox"/> Submersible Bucket Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>3-4-16</u> Rated Pump Capacity: <u>20</u> Gallons Per Minute	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input checked="" type="checkbox"/> Electric Motor Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: <u>1</u> Setting Depth: <u>60</u> feet Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-4-16</u> Static Water Level (A): <u>10</u> Feet Below Land Surface Pumping Water Level (B): <u>60</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>5</u> Feet Below Land Surface Test Pumping Rate: <u>20</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <input checked="" type="checkbox"/> Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>40</u> GPM with a drawdown of <u>5</u> feet after <u>4</u> hours of pumping

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

Michael Will #0239
 Print Name of Pump Installer and License No. (if applicable)


 Signature of Pump Installer

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