

Hancock

STATE WELL REPORT

Part 1

Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: K925
Aquifer: _____
E-Log #: _____

County: HARRISON
Permit #: 0239
Driller: m c Gill pump
Date drilling completed: 7-19-16

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.

Well Owner Information (Landowner if borehole is not for a water well) Owner Name: <u>Ashman-Mollere</u> Mailing Address: <u>6045 E LINCOLN</u> <u>Bay St Louis MS 39520</u> City State Zip Code Telephone No. <u>228 671-0250</u>	Well or Borehole Location Latitude: <u>30° 16' 33.75" N</u> Longitude: <u>89° 26' 16.64" W</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ <u>SE 1/4 NW 1/4, Sec 26 T 95 R 14 W</u> <u>2.8</u> Miles <u>East</u> of <u>Lakeshore</u> (Distance) (Direction) (Nearest Town)
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Well / Borehole Data

Date drilling started: 7-19-16 Date drilling completed: 7-19-16 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 (circle 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 (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) Back wash valve

Static Water Level: 10 feet [above or below] land surface Date measured: 7-20-16
 (circle one)

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

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 Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: 160 feet

If telescoped or more than one screen, describe on next page

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Form: OLWR-SWR-1A (4/13)
BY OLWR

Hancock

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) 360-0535 (fax)

For Office Use Only:

Well #: K925
Aquifer: _____

County: Harrison
Permit #: 0239
Driller: McBill Pump & Well
Date completed: 7-19-16
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 Information		Well Location	
Owner Name: <u>Ashman-mollere</u>		Latitude: <u>30 16 33.75</u> Longitude: <u>89 26 16.64</u>	
Mailing Address: <u>Reality</u> <u>6043 E Lincoln</u>		Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____	
<u>Bay St Louis</u> MS <u>39520</u>	City State Zip Code	<u>SE 1/4 NW 1/4, Sec P26 T 95 R 14W</u>	
Telephone No. <u>(228) 671-0250</u>		<u>2.8</u> Miles <u>East</u> of <u>Lakeshore</u> (Distance) (Direction) (Nearest Town)	

Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 7-20-16 Rated Pump Capacity: 10 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 1 Setting Depth: 40 feet Number of Stages: 1

Pump Test Data for Non Flowing Well

Date Well Tested: 7-19-16 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 10 Feet Below Land Surface Pumping Water Level (B): 40 Feet Below Land Surface

Drawdown [(B) - (A)]: 5 Feet Below Land Surface Test Pumping Rate: 40 Gallons Per Minute

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well

Measured shut in head: _____ feet.

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation

Meter Manufacturer: _____ Meter Serial Number: _____

Meter Model Number/Name: _____ Type of Meter: _____

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

Installation Date: _____ Meter installed by: _____

Is This Meter (circle one): New Repaired Replacement

Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

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

Michael Merrill 8/15/16 [Signature]
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

SEP 01 2016

Hancock

County: Harrison

Permit #: 0239

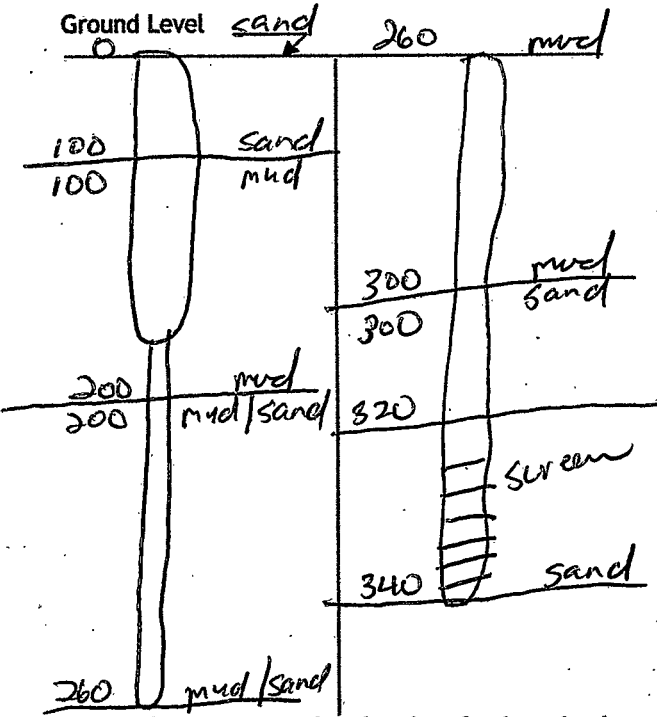
For Office Use Only:

Well #: K925

The sketch below only required for water wells

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

If well telescopes, show depths on sketch.

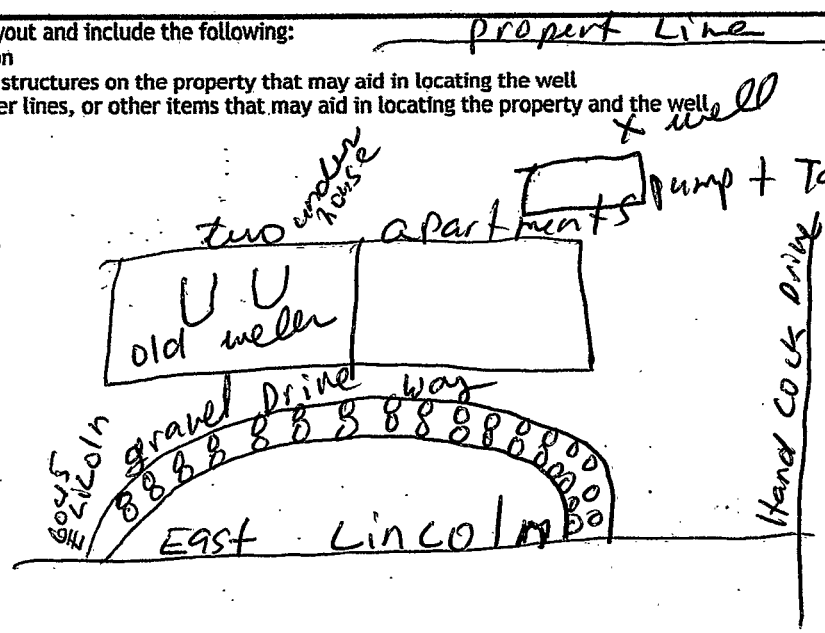


Description of Formations Encountered	From (depth) Ground level	To (depth)
Sand	0	100
mud	100	200
Sand/mud	200	260
mud	260	300
Sand	300	340

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) north arrow



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SEP 01 2016
By OLWR

Landowner Name: Ashman - Mollere Realty

I HEREBY 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.

Michael McNeil # 0239
Print Name of Responsible Licensee and License No.

01/15/16
Date

[Signature]
Signature of Licensee