

0240268-01

SAUCIER-LIZANA RD

County: HARRISON

Permit #: MS-GW-16671

Driller: LAYNE CHRISTENSEN

Date drilling completed: 6/16/10

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 #: B291

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>HARRISON COUNTY BD OF SUPERVISORS</u>	Latitude: <u>N 30° 37.44' 38.123"</u> Longitude: <u>W 089° 08.095' 08.41"</u>
Mailing Address: <u>PO DRAWER C</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey
<u>GULFPORT</u> <u>MS</u> <u>39501</u>	<input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-Held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip Code	<u>NE</u> 1/4 <u>SW</u> 1/4 Sec <u>12</u> Twn <u>5 S</u> Rng <u>12 W</u>
Telephone No. (<u>228</u>) <u>865.4070</u>	Distance Direction Nearest Town
	Miles <u>SW</u> of <u>SAUCIER</u>

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Well / Borehole Data

Date drilling started: 6/05/2010 Date well drilling completed: 6/16/2010 Hole Depth: 1451' Hole diameter: 17"

Location of the source of any surface water used for drilling: NONE

Method of dosing and volume of Chlorine used in drilling and development: NONE

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: 78 feet above or below (circle one) land surface Date measured: 5/24/11

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

Well depth: 1451' Well grouted to a depth of: 1380' Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 1380 feet Casing diameter: 12 inches Type of casing: STEEL

Screen length: 60 feet Screen diameter: 8 inches Type of screen: STAINLESS

Screen slot size: 0.025 inches Setting depth: From 1385 feet to 1445 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: 1320 feet. *If telescoped or more than one screen, describe on next page.*

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Form: OLWR-SWR-1A

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BY: OLWR

SAUCIER-LIZANA ROAD

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: HARRISON

Permit #: MS-GW-16671

Driller: LAYNE CHRISTENSEN

Date Completed: 5/24/2011

Copy information from block on Part 1

For Office Use Only:

Aquifer: _____

Well #: B291

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.

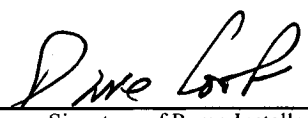
Well Owner Information	Well Location
Owner Name <u>HARRISON COUNTY BD OF SUPERVISORS</u>	Latitude: <u>N 30' 38.123</u> Longitude: <u>W 089' 08.095</u>
Mailing Address: <u>PO DRAWER C</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>GULFPORT</u> <u>MS</u> <u>39501</u>	USGS quad <input checked="" type="checkbox"/> Hand-Held GPS _____ Survey-grade GPS _____
City State Zip Code	<u>NE</u> <u>1/4</u> <u>SW</u> <u>1/4</u> Sec <u>12</u> T <u>5 S</u> R <u>12 W</u>
Telephone No. (<u>228</u>) <u>865.4070</u>	Distance Direction Nearest Town
	_____ Miles <u>SW</u> of <u>SAUCIER</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>30</u>
Date Pump Installed: <u>10/5/2010</u>	Setting Depth: <u>175</u> feet
Rated Pump Capacity <u>300</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>5/24/11</u>	Circle One
Static Water Level (A): <u>78</u> Feet Below Land Surface	<input type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Pumping Water Level (B): <u>65</u> Feet Below Land Surface	Other (specify): _____
Drawdown [(B) - (A)]: <u>13</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>319</u> Gallons Per Minute	Well yielded <u>319</u> GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): <u>8</u> hours	<u>20</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  RECEIVED

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

MAR 14 2012
BY: OLWR