SAUCIER-LIZANA	RD
Of to Citate Diminist	

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 #: 3291
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	Well or Borehole Location		
(Landowner if borehole is not for a water well)	37.40 89.0841		
Owner Name HARRISON COUNTY BD OF SUPERVISORS	Latitude: N 30' 38.123 Longitude: W 089' 08.095		
Mailing Address: PO DRAWER C	Method of Lat/Long (circle one): Conventional Survey		
	USGS quad, Hand-Held GPS, Survey-grade GPS		
GULFPORT MS 39501	NE 1/4 SW 1/4 Sec 12 Twn 5 S Rng 12 W		
City State Zip Code	SW SE Distance Direction Nearest Town		
Telephone No. ( 228 ) 865.4070	MilesSW ofSAUCIER		
Well / Bor	ehole 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: NON	NE .		
Method of dosing and volume of Chlorine used in drilling and development	pment: 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 🗸 Geotechnic	al/Geological Investigation Ground Source Heat Pump		
Seismic Survey Other	· (describe)		
If drilling is not related to water well cons	truction, skip the remainder of this block.		
Purpose of Well (check one): Home Industrial Public Sur	oply 🗸 Irrigation Fish Culture Other:		
If flowing, method of flow regulation: Valve	Other (describe)		
Static Water Level: feet above or below (circ	le one) land surface Date measured: 5/24/11		
Method of Measurement (circle one) steel tape elec	tric 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	etting depth: From 1385 feet to 1445 feet		
Type of completion (circle all applicable): Gravel Packed Un	derreamed 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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## The sketch below only required for water wells.

## If well telescopes, show depths on sketch.

Ground Level

state laws.

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

Description of Formations Encountered	From	То
TOP SOIL	0	5
YELLOW CLAY	5	15
CLAY & SAND STREAKS	15	90
SAND	90	120
SANDY CLAY	120	160
CLAY & SAND STREAKS	160	300
SAND	300	420
HARD SHALE	420	705
SAND & CLAY STREAKS	705	770
CLAY & SAND STREAKS	770	1080
SAND & LIGNITE (HARD & SOFT)	1080	1150
SANDY CLAY & SHALE	1150	1280
SAND & LIGNITE (SOFT)	1280	1340
HARD SHALE	1340	1360
SAND	1360	1480
SHALE & SAND STREAKS	1480	1500
		1
	<u> </u>	
		1

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

Print Name of Responsible Licensee and License No.

Sketch the property lay aid in locatin 4) a north an	yout and include the following: 1) the well location; 2) any permanent structures on the property that may age the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; row.
NC	DRTH  SAUCE PER
	NOT TO SCALE
Landowner's Name:	HARRISON COUNTY BOARD OF SUPERVISORS
	E OLIVID CWD 14

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

Date

0-692

Signature of LicenseeRECEIVED

MAR 1 4 2012

BY: OLWR

## State Well Report

SAUCIER-LIZANA ROAD

	State	wen Keport	
		Part 2	For Office Use Only:
County: HARRISON		's Completion Report	
		ent of Environmental Quality	Aquifer:
Permit #: MS-GW-16671		and Water Resources 2. Box 2309	
Driller: LAYNE CHRISTENSEN	* ' *	MS 39225-2309	Well#: B291
Diffici. LATIVE CHAIGIENGEN		) 961-5210	
Date Completed: 5/24/2011	(601) 3	54-6938 (fax)	Elevation:
Copy information from block on Part 1	_		
This part of the report must be completed be must be attached and both parts filed with	y a licensed water well con	stractor or a licensed pump instead	aller. A copy of Part 1 of the report
Well Owner Informat			ell Location
Owner Name HARRISON COUNTY BD	OF SUPERVISORS	Latitude: N 30' 38.123	Longitude: W 089' 08.095
Mailing Address: PO DRAWER C		Method of Lat/Long (check o	ne): Conventional Survey
		USGS quad 🗸 Hand-He	eld GPS Survey-grade GPS
GULFPORT	MS 39501	NE 1/4 SW 1/4 Sec	12 T 5 S R 12 W
City	State Zip Code		
			ction Nearest Town
Telephone No. ( 228 ) 865.4070		Miles S	w of SAUCIER
Pump Type			ower Type
Circle One			Circle One
Air Lift Jet	Submersible	Diesel Engine Gas	oline Engine Natural Gas
Bucket Piston	Turbine	Electric Motor	Hand Tractor PTO
Centrifugal Rotary	Flowing Well	Windmill C	Other (specify):
Other (specify):		Horse Power Rating of Motor: 30	
Date Pump Installed: 10/5/2010		Setting Depth:	feet feet
Rated Pump Capacity 300	Gallons Per Minute	Number of Stages:	
Pump Test Data		Method of M	easuring Water Level
, ump 1est Data			Circle One
Date Well Tested: 5/24/11		Air Line Electric	Measuring Line Steel Tape
Static Water Level (A): 78 Fe	et Below Land Surface	Other (specify):	
Pumping Water Level (B): 65 Fe	et Below Land Surface		
Drawdown [(B) - (A)]: 13 Fo	eet Below Land Surface	For flowing well, measured sl	nut in head: feet
Test Pumping Rate: 319	Gallons Per Minute	Well yielded 319	GPM with a drawdown of
Duration of Pump Test (minimum 4 hours)	: <b>8</b> hours	20 feet after	8 hours of pumping
This is for (circle one) New Well	Replacement of E	xisting Pump	Repair of Existing Pump
I hereby certify that the above statements are true to the best of my knowledge.			

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

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BY: OLWR