

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
(601)961- 5210
(601)961- 5228 (fax)

For Office Use Only:

Aquifer: _____
Well #: C.411
L. S. Elevation: _____
E-log #: _____

County: Harrison
Permit #: NA
Driller: Lyman Well
Date drilling completed: 7/12/17

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>Geoffrey Hittner</u>	Latitude: <u>30° 39' 13"</u> Longitude: <u>89° 06' 29"</u>
Mailing Address: <u>13212 Birch Ct</u>	Method of Lat/Long (circle one): Conventional Survey, <input checked="" type="checkbox"/> Hand-held GPS, <input checked="" type="checkbox"/> Survey-grade GPS
<u>Osprey</u> <u>MS</u> <u>39503</u>	USGS quad, <u>NW 1/4 SE 1/4 Sec 32</u> Twn <u>45</u> Rng <u>11W</u>
City State Zip Code	Distance _____ Direction _____ Nearest Town _____
Telephone No. <u>(228) 223-8593</u>	Miles _____ of _____

Well / Borehole Data

Date drilling started: 7/12/17 Date drilling completed: 7/12/17 Hole depth: 170 Hole diameter: 2 7/8

Location of the source of any surface water used for drilling: NA

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) _____

Static Water Level: 70 feet above or below (circle one) land surface Date measured: 7/12/17

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

Well depth: 170 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite _____ Mix

Casing length: 150 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: saw

Screen slot size: .006 inches Setting depth: From 150 feet to 170 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: _____ feet. *If telescoped or more than one screen, describe on next page*

RECEIVED
30 2017
Form: OLWR-SWR-1A (04/08)
BY OLWR

RECEIVED
 JUL 26 2017
 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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: Harrison
 Permit #: NA
 Driller: Lyman Well
 Date completed: 7/13/17
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: CA 11
 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>Geoffrey Hittner</u>	Latitude: <u>38° 41' 12.99" N</u> Longitude: <u>89° 06' 28.86" W</u>
Mailing Address: <u>13212 Birch St</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Gulfport</u> <u>MS</u> <u>39503</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NW 1/4 SE 1/4 Sec 32 T 45 R 11W</u>
Telephone No. <u>(228) 223-8593</u>	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>7/13/17</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>19</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7/13/17</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>70</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>90</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>20</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____
Test Pumping Rate: <u>23</u> Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Josh Ladner - 0-640
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer



N30°39'14.4"

Geoffrey Hittner

W Lake Rd

Cherry Rd

SPOT MAGE

© 2017 Google

133 ft

1996

Imagery Date: 2/5/2017 30°39'14.40" N 89°10'25.14" W elev 130

