

0240267-01

COUNTY FARM ROAD

County: HARRISON

Permit #: MS-GW-16670

Driller: LAYNE CHRISTENSEN

Date drilling completed: 8/3/2010

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 #: F511

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' 30'²⁰25</u> Longitude: <u>W 089' 10'³⁵55</u>
Mailing Address: <u>PO DRAWER C</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<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>SE 1/4</u> <u>SE 1/4</u> Sec <u>22</u> Twn <u>6 S</u> Rng <u>12 W</u>
Telephone No. (<u>228</u>) <u>865.4070</u>	Distance Direction Nearest Town _____ Miles <u>SOUTH</u> of <u>SAUCIER</u>

lat/
long
can't be
right

Well / Borehole Data

Date drilling started: 8/3/2010 Date well drilling completed: 8/3/2010 Hole Depth: 706' 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: 125.3 feet above or below (circle one) land surface Date measured: 6/7/2011

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

Well depth: 706' Well grouted to a depth of: 645' Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 645 feet Casing diameter: 12 inches Type of casing: STEEL

Screen length: 50 feet Screen diameter: 8 inches Type of screen: STAINLESS

Screen slot size: 0.025 inches Setting depth: From 650 feet to 700 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: 555 feet. *If telescoped or more than one screen, describe on next page.*

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BY: OLWR

F511

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.

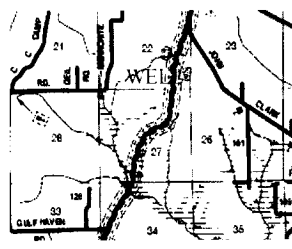
Ground Level

--

Description of Formations Encountered	From	To
TOP SOIL	0	5
SAND	5	55
SANDY CLAY	55	90
BLUE CLAY	90	120
SAND & CLAY STREAKS	120	360
SANDY CLAY & SHALE	360	500
SAND & SHALE STREAKS	500	630
SAND	630	705
SANDY SHALE	705	720

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) a north arrow.



NOT TO SCALE

Landowner's Name: **HARRISON COUNTY BOARD OF SUPERVISORS**

Form: OLWR-SWR-1A

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 state laws.

DAVE COOK

0-692

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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BY: OLWR

State Well Report

COUNTY FARM ROAD

County: HARRISON

Permit #: MS-GW-16670

Driller: LAYNE-CENTRAL

Date Completed: 6/7/11

Copy information from block on Part 1

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)

For Office Use Only:

Aquifer: _____

Well #: F511

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° 30' ³¹205</u> Longitude: <u>W 089° 10' ³¹535</u>
Mailing Address: <u>PO DRAWER C</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>GULFPORT</u> <u>MS</u> <u>36501</u>	USGS quad <input checked="" type="checkbox"/> Hand-Held GPS _____ Survey-grade GPS _____
City State Zip Code	<u>SE</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$ Sec <u>22</u> T <u>6S</u> R <u>12W</u>
Telephone No. (<u>228</u>) <u>865.4070</u>	Distance _____ Miles Direction <u>SOUTH</u> of Nearest Town <u>SAUCIER</u>

Pump Type	Power Type
Circle One	Circle One
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <input type="checkbox"/> Turbine <input type="checkbox"/>	<input type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>30</u>
Date Pump Installed: <u>10/4/2010</u>	Setting Depth: <u>208</u> feet
Rated Pump Capacity <u>300</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>6/7/2011</u>	Circle One
Static Water Level (A): <u>125.3</u> Feet Below Land Surface	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
Pumping Water Level (B): <u>110.9</u> Feet Below Land Surface	Other (specify): _____
Drawdown [(B) - (A)]: <u>14.4</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>312</u> Gallons Per Minute	Well yielded <u>312</u> GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): <u>8</u> hours	<u>14.4</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 

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

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BY: OLWR