

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
Well #: F514
L.S. Elevation: _____
E-log #: _____

County: Harrison
Permit #: 0239
Driller: McMill Pump & Well
Date drilling completed: 2-25-16

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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Michael Sancier</u>	Latitude: <u>30.291748</u> Longitude: <u>89.84631</u>
Mailing Address: <u>18341 Autry Drive</u>	Method of Lat/Long (circle one): Conventional Survey, <u>USGS quad, Hand-held GPS, Survey-grade GPS</u>
<u>Gulfport MS 39503</u>	<u>NW 1/4</u> Sec <u>213</u> Twn <u>65</u> Rng <u>12W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(228) 697-8136</u>	<u>10.8</u> Miles <u>NE</u> of <u>Gulfport</u>

Well / Borehole Data

Date drilling started: 2/22/16 Date drilling completed: 2-25-16 Hole depth: 540 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 (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) Back wash

Static Water Level: 110 feet above or below (circle one) land surface Date measured: 2/26/16

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

Well depth: 540 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 520 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 520 feet to 540 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: 220 feet. If telescoped or more than one screen, describe on next page.

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: MISSISSIPPI
 Permit #: 0239
 Driller: M. G. Hill Pump & Well
 Date completed: 2-26-16
Copy information from Book on Part 1

For Office Use Only:

Aquifer: _____
 Well #: 514
 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>Michael Sautier</u> Mailing Address: <u>18341 Aubrey Dr</u> <u>Gulfport</u> <u>MS</u> <u>39503</u> City State Zip Code Telephone No. <u>(228) 697-8136</u>	Latitude: <u>30° 29' 24.8" N</u> Longitude: <u>89° 8' 46.31" W</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec <u>43</u> T <u>6S</u> R <u>12W</u> Distance Direction Nearest Town <u>10.8</u> Miles <u>NE</u> of <u>Gulfport</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u> Bucket Piston Turbine <input type="checkbox"/> Centrifugal Rotary Flowing Well <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>2-26-16</u> Rated Pump Capacity: <u>20</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>1 hp</u> Setting Depth: <u>160</u> feet Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-26-16</u> Static Water Level (A): <u>110</u> Feet Below Land Surface Pumping Water Level (B): <u>160</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface Test Pumping Rate: <u>20</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Air Line Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>40</u> GPM with a drawdown of <u>10</u> feet after <u>4</u> hours of pumping

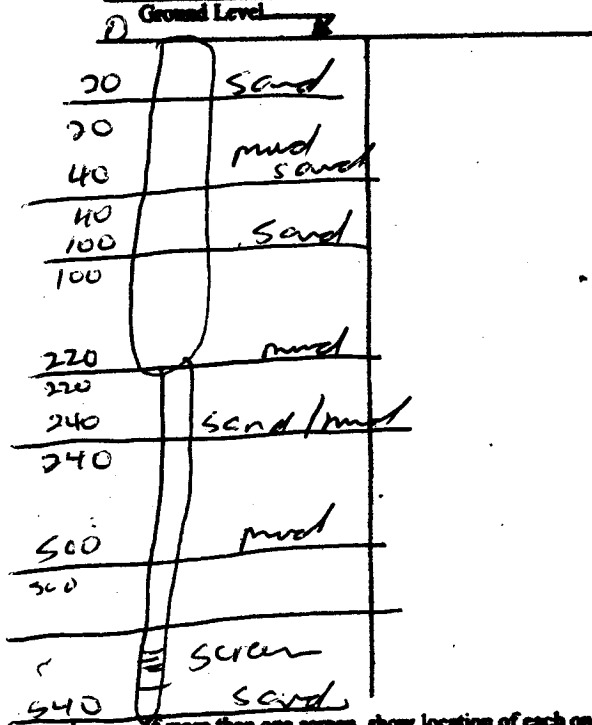
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Michael Merrill SR # 0739
 Print Name of Pump Installer and License No. (if applicable)


 Signature of Pump Installer

The sketch below only required for water wells.

If well screens, show depths on sketch.

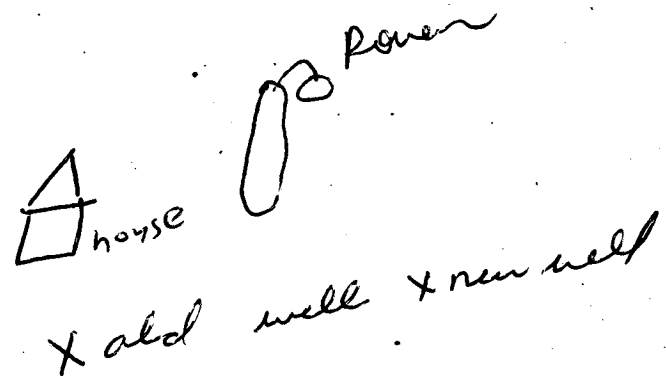


If more than one screen, show location of each on sketch

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

Description of Formations Encountered	From (depth)	To (depth)
sand	0	20
mud / sand	20	40
sand	40	100
mud	100	220
sand / mud	220	240
mud	240	500
sand	500	540

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.



Landowner Name: Michael Sancier 18341 Aubrey Drive
Culpeper, NC 29503

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.

Print Name of Responsible Licensee and License No. Michael Sancier 844 0231 312116 Date 3/2/16 Signature of Licensee [Handwritten Signature]

