

**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)

County: Harrison
Permit #: 0239
Driller: ML Bill Purp + well
Date drilling completed: 7-8-16

For Office Use Only:
Aquifer: _____
Well #: F 511
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.

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| <p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name <u>David Matthews</u> Mailing Address: <u>New Property RD</u> <u>address</u> City _____ State _____ Zip Code _____ Telephone No. <u>(228) 313-3929</u></p> | <p>Well or Borehole Location</p> <p>Latitude: <u>30° 32' 6.23" N</u> Longitude: <u>89° 12' 43" W</u> Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> USGS quad, <u>N10 3E 1/4 Sec 8 Twn 65 Rng 12W</u> Distance <u>.02</u> Miles Direction <u>East</u> of Nearest Town <u>Lizana</u></p> |
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Well / Borehole Data

Date drilling started: 7-7-16 Date drilling completed: 7-8-16 Hole depth: 340 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 valve

Static Water Level: 85 feet above or below (circle one) land surface Date measured: 7-8-16

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

Well depth: 340 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 320 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 320 feet to 340 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*

Form: OLWR-SWR-1A

Received

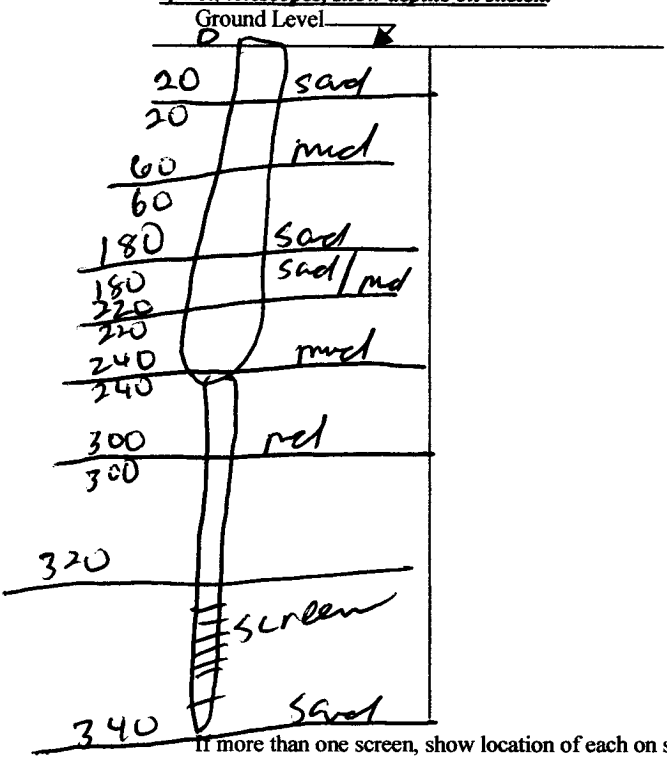
JUL 25 2016

By OLWR

F 517

The sketch below only required for water wells

If well telescopes, show depths on sketch.

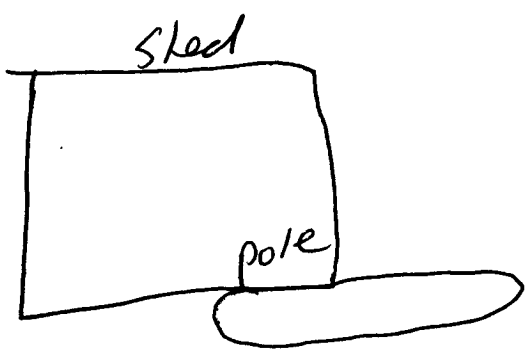


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
| Sand | 0 | 20 |
| mud | 20 | 60 |
| Sand | 60 | 180 |
| Sand/mud | 180 | 220 |
| mud | 220 | 300 |
| Sand | 300 | 340 |
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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.



x new well

Landowner Name: David Matthews

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.

Received

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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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: Harrison
 Permit #: 0239
 Driller: Mr. Gill Pump & Well
 Date completed: 7-8-16
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: F517
 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>David Matthews</u> | Latitude: <u>30° 32' 6.23" N</u> Longitude: <u>89° 12' 43" W</u> |
| Mailing Address: <u>New property</u> <u>no address</u> | Method of Lat/Long (check one): Conventional Survey _____ USGS quad <u>Hand-held GPS</u> , Survey-grade GPS _____ |
| City _____ State _____ Zip Code _____ | _____ 1/4 _____ 1/4 Sec <u>H10 T 65 R 12W</u> |
| Telephone No. (<u>228</u>) <u>313-3929</u> | Distance _____ Direction _____ Nearest Town _____ <u>0.02</u> Miles <u>east</u> of <u>Lizana</u> |

| Pump Type Circle one | Power Type Circle one |
|---|--|
| Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine | <input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>1 1/2 h.p.</u> |
| Date Pump Installed: <u>7-8-16</u> | Setting Depth: <u>160</u> feet |
| Rated Pump Capacity: <u>25</u> Gallons Per Minute | Number of Stages: <u>10</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|--|
| Date Well Tested: <u>7-8-16</u> | Air Line Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u> |
| Static Water Level (A): <u>85</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>160</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>101.5</u> Feet Below Land Surface | Well yielded <u>35</u> GPM with a drawdown of |
| Test Pumping Rate: <u>25</u> Gallons Per Minute | <u>10</u> feet after <u>4</u> 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.

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

Received

Form: OLWR-SWR-16
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