

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 39225-2309
(601)961-5555
(601)961-5228 (fax)

For Office Use Only:

Well #: F519
Aquifer: _____
E-Log #: _____

County: Harrison
Permit #: 0239
Driller: McBill Pump Well
Date drilling completed: 8-23-17

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.

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Lonnie Tillman</u>	Latitude: <u>30°30'13.6" N</u> Longitude: <u>89°8'47.66" W</u>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____
<u>15129 Dawnland Dr</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Gulfport MS 39503</u>	<u>SE 1/4 SW 1/4, Sec 24 T 65 R 12W</u>
City: _____ State: _____ Zip Code: _____	<u>1.8</u> Miles <u>west</u> of <u>Lyman</u>
Telephone No. <u>(228) 697-4722</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>8-21-17</u> Date drilling completed: <u>8-23-17</u> Hole depth: <u>500</u> Hole diameter: <u>4x2</u>
Location of the source of any surface water used for drilling: <u>well water</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>N/A</u>
Logs run (check all applicable): <input type="checkbox"/> log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: <u>NO LOG RUN</u>
Name of organization running log(s): <u>N/A</u>
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (check all applicable): <input checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) <u>Back wash valve</u>
Static Water Level: <u>105</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface Date measured: <u>8-23-17</u> <small>(check one)</small>
Method of measurement (check one) <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>500</u> Well grouted to a depth of: _____ feet Type of grout (check one) <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>480</u> feet Casing diameter: <u>4x2</u> inches Type of casing: <u>PVC</u>
Screen length: <u>20</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>0.06</u> inches Setting depth: From <u>480</u> feet to <u>500</u> feet
Type of completion (check all applicable) <input type="checkbox"/> gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input checked="" type="checkbox"/> Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: <u>220</u> feet

If telescoped or more than one screen, describe on next page

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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 2309
 Jackson, MS 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

For Office Use Only:

Well #: F519
 Aquifer: _____

County: HARRISON
 Permit #: 0239
 Driller: McGill Pump H&W
 Date completed: 8-25-17
Copy information from block on Part 1

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>Lonnie Tillman</u>	Latitude: <u>30° 30' 23.6" N</u> Longitude: <u>89° 8' 47.66" W</u>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>15129 Dawnland Dr</u>	SE 1/4 SW 1/4, Sec <u>24</u> T <u>68</u> R <u>12W</u>
<u>Gulfport</u> <u>MS</u> <u>39503</u>	<u>1.8</u> Miles <u>west</u> of <u>Lyman</u>
City State Zip Code	(Distance) (Direction) (Nearest Town)
Telephone No. <u>(228) 697-4722</u>	

Pump Type (check one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 8-25-17 Rated Pump Capacity: 20 Gallons Per Minute

Is This Pump (check one): New Repaired Replacement

Power Type (check one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 1 Setting Depth: 140 feet Number of Stages: 7

Pump Test Data for Non Flowing Well

Date Well Tested: 8-25-17 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 105 Feet Below Land Surface Pumping Water Level (B): 140 Feet Below Land Surface

Drawdown [(B) - (A)]: 0 Feet Below Land Surface Test Pumping Rate: 20 Gallons Per Minute

Method of measurement (check one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well NA

Measured shut in head: _____ feet.

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation NA

Meter Manufacturer: _____ Meter Serial Number: _____

Meter Model Number/Name: _____ Type of Meter: RECEIVED

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

Installation Date: _____ Meter installed by: SEP 29 2017

Is This Meter (check one): New Repaired Replacement

BY OLWR

Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

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

Michael McMillan #0239 9/15/17 [Signature]

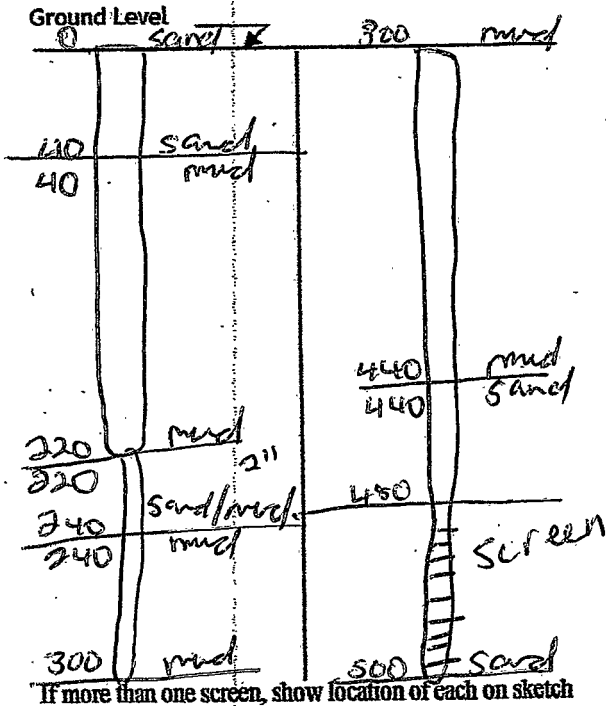
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

County: Harrison
 Permit #: 0239

For Office Use Only:
 Well #: F519

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) Ground level	To (depth)
sand	0	40
mud	40	220
sand/mud	220	240
mud	240	440
sand	440	500

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) north arrow

See Back Page

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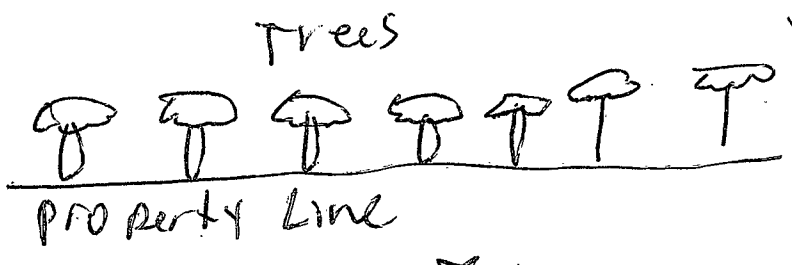
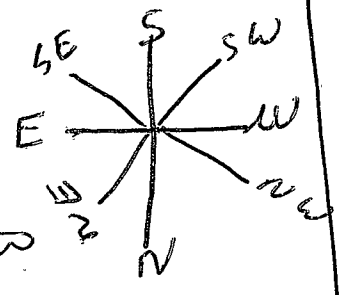
Landowner Name: Lonnie Tillman

I HEREBY 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.

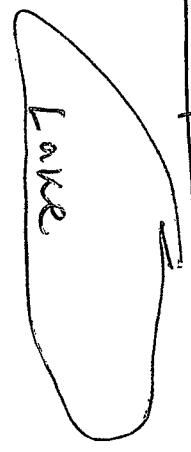
Michael McCall #0239 9/15/17 [Signature]

Print Name of Responsible Licensee and License No. Date Signature of Licensee

F519
Harrison Co.

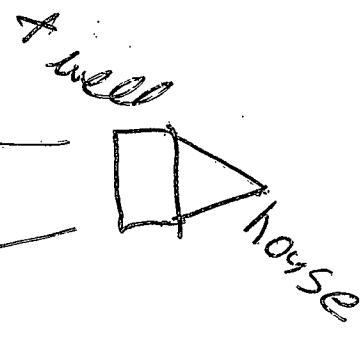


Highway



53

yards
shaded
tree
field
MS82



clay driveway
15129
Dawnland Drive

Dawnland Dr

Audubon Lane
SIMPLY Church

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