

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 #: FS20
Aquifer: _____
E-Log #: _____

County: Harrison
Permit #: 0239
Driller: McGill Pump & Well
Date drilling completed: 10-18-17

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>Elliott Homes</u>	Latitude: <u>30° 31' 4.09" N</u> Longitude: <u>89° 14' 17.47" W</u>
Mailing Address: <u>23530 Leeward Dr</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Lot 119</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Gulfport</u> <u>MS</u> <u>39503</u>	<u>SW 1/4 SW 1/4, Sec 18 T 65 R 12W</u>
City State Zip Code	<u>2.5</u> Miles <u>north</u> of <u>Lizana</u>
Telephone No. <u>(228) 297-4339</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>10-16-17</u> Date drilling completed: <u>10-18-17</u> Hole depth: <u>420</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 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>60</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface Date measured: <u>10-18-17</u>
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>420</u> Well grouted to a depth of: <u>10</u> feet Type of grout (check one) <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>400</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>.026</u> inches Setting depth: From <u>400</u> feet to <u>420</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
<i>If telescoped or more than one screen, describe on next page</i>

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)

County: Harrison
Permit #: 0239
Driller: McGill Pump Truck
Date completed: 10-19-17
Copy information from block on Part 1

For Office Use Only:

Well #: F520
Aquifer: _____

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>Elliot Home</u>	Latitude: <u>30° 31' 40.9" N</u> Longitude: <u>89° 14' 17.47" W</u>
Mailing Address: <u>23530 Leeward Dr</u> <u>Lot 119</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Gulfport</u> <u>MS</u> <u>39503</u> City State Zip Code	<u>1/4</u> <u>1/4</u> , Sec <u>18</u> T <u>6S</u> R <u>12W</u>
Telephone No. (<u>228</u>) <u>297-4339</u>	<u>2.5</u> Miles <u>north</u> of <u>Lizana</u> (Distance) (Direction) (Nearest Town)

Pump Type (check one)

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

Date Pump Installed: 10-19-17 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 h.p. Setting Depth: 140 feet Number of Stages: 10

Pump Test Data for Non Flowing Well

Date Well Tested: 10-19-17 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 80 Feet Below Land Surface Pumping Water Level (B): 140 Feet Below Land Surface

Drawdown [(B) - (A)]: 5 Feet Below Land Surface Test Pumping Rate: 50 Gallons Per Minute

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

Pump Test Data for Flowing Well N/A

Measured shut in head: _____ feet.

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

Meter Installation IVA

Meter Manufacturer: _____ Meter Serial Number: _____

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

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

Installation Date: _____ Meter installed by: _____

Is This Meter (check one): New Repaired Replacement

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 McGill #2# 0239 10/20/17 _____
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

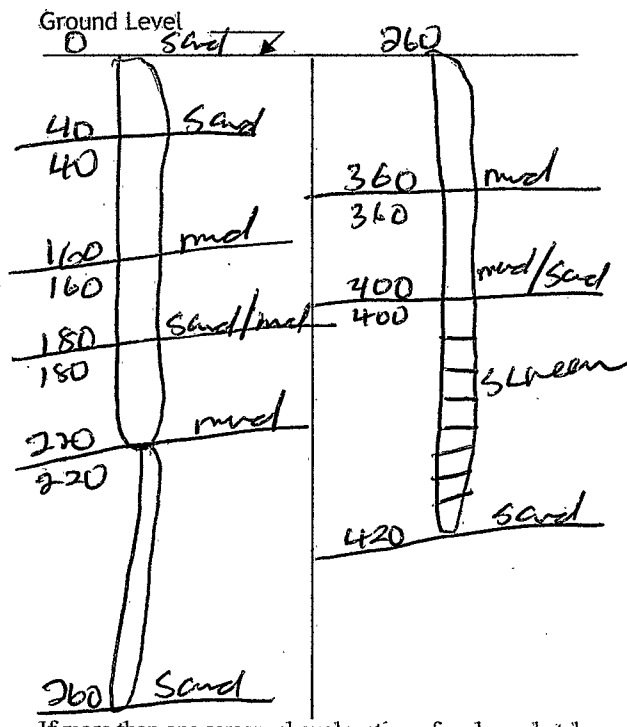
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County: Harrison
 Permit #: 0239

For Office Use Only:
 Well #: F0520

The sketch below only required for water wells

If well telescopes, 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) Ground level	To (depth)
Sand	0	40
mud	40	160
Sand/mud	160	180
mud	180	220
Sand	220	260
mud	260	360
mud/sand	360	400
sand	400	420

- 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

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 BY OLWR

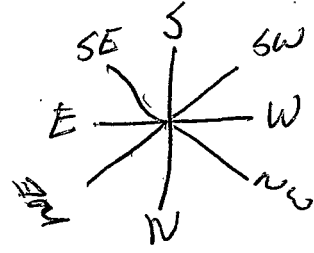
Landowner Name: Elliott Homes

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 McMillan 8040239 10/30/17 [Signature]
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

Hwy 3

Highways



Lizana School Rd

Heatter Dr

Bridge

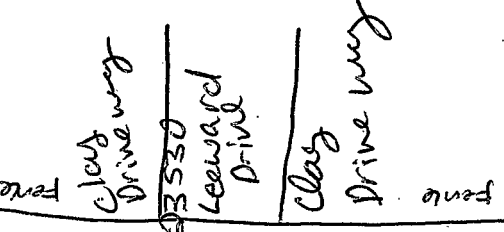
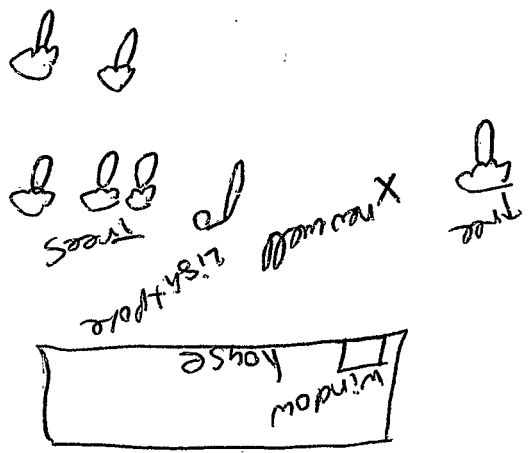
Willitt Street

Leeward Dr

Short Cut Rd

Lizana Elementary School

Cable Bridge Rd



mesq Dr

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