County: Harrison

Permit #:

Driller: O-785

Date drilling completed: 6-21-17

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 #: F525

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
(Landowner if borehole is not for a water well)

Owner Name: Roger Burke

Mailing Address: 17709 Doc Lizana Rd

Gulfport MS 39503
City State Zip Code

Telephone No. (____)

Well or Borehole Location

Latitude: 30.54 19.13 Longitude: 89.20 05.61
30-32-31 89-12-02

Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS

NE ¼ NW ¼ Sec 9 Twn 6S Rng 12W

Distance ____ Miles Direction ____ of Nearest Town ____

Well / Borehole Data

Date drilling started: 6-21-17 Date drilling completed: 6-21-17 Hole depth: 140' Hole diameter: 5"

Location of the source of any surface water used for drilling:

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)

Static Water Level: 65 feet above or below (circle one) land surface Date measured: 6-21-17

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

Well depth: 140 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 120 feet Casing diameter: 3 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 120 feet to 140 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: ____ feet. ***If telescoped or more than one screen, describe on next page***

Form: OLWR-SWR-1A

F525

The sketch below only required for water wells

If well telescopes, show depths on sketch.

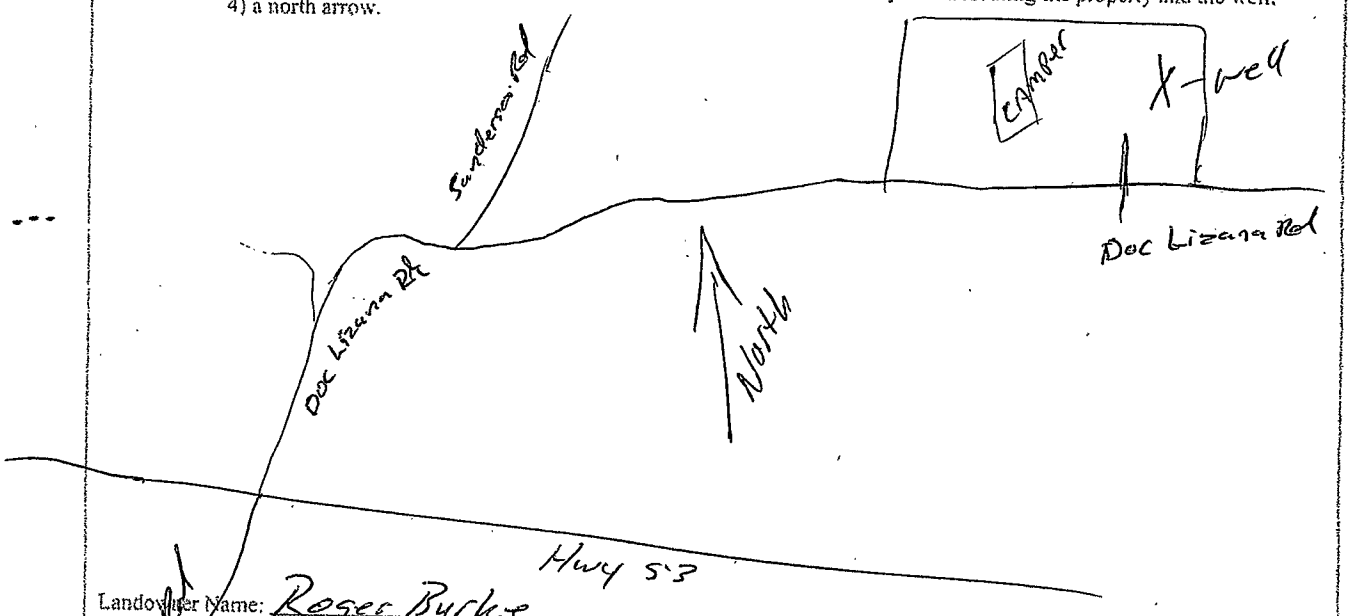
Ground Level

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)
Clay	Ground Level	20
Sand	20	30
Clay	30	100
Sand	100	140

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.



Landowner Name: Roger Burke

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.

Calb Brick

MALVIN WAGNON 0-785 — Print Name of Responsible Licensee and License No.

6-21-17 — 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 #:
Driller: P-759
Date completed: 6-22-17
Copy information from block on Part 1

For Office Use Only:
Aquifer:
Well #: E525
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

Owner Name: Roger Burke
Mailing Address: 17709 Doc Lizana Rd
Gulfport MS 39507
City State Zip Code
Telephone No. ( )

Well Location

Latitude: 30.541913 Longitude: 89.200561
Method of Lat/Long (check one): Conventional Survey 30-32-31 89-12-02, USGS quad___, Hand-held GPS___, Survey-grade GPS___
NE ¼ SW ¼ Sec 9 T 6S R 12W
Distance Direction Nearest Town
___Miles ___of___

Pump Type
Circle one

Air Lift, Jet, (Submersible), Bucket, Piston, Turbine, Centrifugal, Rotary, Flowing Well
Other (specify):
Date Pump Installed: 6-22-17
Rated Pump Capacity: 15 Gallons Per Minute

Power Type
Circle one

Diesel Engine, Gasoline Engine, Natural Gas, (Electric Motor), Hand, Tractor PTO, Windmill, Other (specify):
Horse Power Rating of Motor: 1
Setting Depth: 100 feet
Number of Stages:

Pump Test Data

Date Well Tested: 6-22-17
Static Water Level (A): 65 Feet Below Land Surface
Pumping Water Level (B): 100 Feet Below Land Surface
Drawdown [(B) – (A)]: 35 Feet Below Land Surface
Test Pumping Rate: 15 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): 24 hours

Method of Measuring Water Level
Circle one

Air Line, Electric Measuring Line, (Steel Tape)
Other (specify):
For flowing well, measured shut in head: ___feet
Well yielded ___GPM with a drawdown of ___feet after ___hours of pumping

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

REGGIE PETERMAN P759 — Print Name of Pump Installer and License No. (if applicable)
Reggie Peterman — Signature of Pump Installer

RECEIVED JUL 21 2017

Form: OLWR-SWR-1B

BY OLWR