county: Harrison
Permit #
Driller Coast Water WellsRV
Date drilling completed: 7-25-14

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)961-5210

(601)360-0535 (fax)

For Office Use Only: Well #: <u>6550</u> Aquifer: 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.

Department at the above dadress within 30 days of com	pressor of arming of the west of but allows				
Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location				
Owner Name: Sidney Sison	Latitude: 30° 32' 57.18" Longitude: 089' 00' 51.36"				
1020 2001000	Method of Lat/Long (check one): Conventional Survey,				
Mailing Address: 18013 Dragen Koac	USGS quad, Hand-held GPS, Survey-grade GPS				
Sauciur, Ms 39574 City State Zip Code	Noth Swy 14, Sec 5 / T 65 RIIW				
	9 Miles NOLTH of GULFPORT (Distance) (Direction) (Nearest Town)				
Telephone No. <u>208.)424 - 4014</u>	(Discusse) (Discusse)				
	orehole Data				
Date drilling started: 7-24-14 Date drilling completed:	7-35-14 Hole depth: 455 + 1 Hole diameter:				
Location of the source of any surface water used for drilling:					
Method of dosing and volume of Chlorine used in drilling an	nd development: Igal per 1000 Drilling agal in Well				
Logs run (circle all applicable) No log run Electric Gamma Ray Density Sonic Neutron Other:					
Name of organization running log(s):					
Purpose of borehole (circle one) Water Well Geotechnic	cal/Geological Investigation Ground Source Heat Pump				
Seismic Survey Other (describe)				
If drilling is not related to water well co	nstruction, skip the remainder of this block				
Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture					
Other (describe):					
If a flowing well, method of flow regulation: Valve	Other (describe)				
Static Water Level:					
Method of measurement (circle one): Steel tape Electric t	ape Air line Other (describe):				
Well depth: 455 Vell grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite) Mix					
Casing length: 445 feet Casing diameter:inches Type of casing: PVC					
Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC					
Screen slot size:					
Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development					
Other (describe):					
Top of lap pipe or reduction in casing:N_A_feet					
If telescoped or more than one screen, describe on next page					

Form: OLWR-SWR-1A (4/13)

<u> </u>			
County: HAVYISON		For Office Use	Only:
Permit #:	We	u#: <u>6550</u>	
The sketch below only required for water wells	Description of formations encoun and boreholes, unless specifically	tered must be provide	d for all wells
If well telescopes, show depths on sketch.			
Ground Level	Description of Formations Encounter	ed From (depth) Ground level	To (depth)
	orarge Clan Work, of	sam o	150
	Brown Coarse San	a 150	780
	Aueclay	180	360
	Gray Codrse Sand	360	380
	Blueclay	380	424
	Gray Coarse Sand	424	455
1	Drag Course Sala	- 191	
			
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If more than one screen, show location of each on sketch	h .		
ketch the property layout and include the following:			
1) the well location			
2) any permanent structures on the property that m	ay aid in locating the well		
3) any roads, power lines, or other items that may a	id in locating the property and the well		
4) north arrow	I those		
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<i>q</i> \	•		1.5
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\		- 	
. 1			
andowner Name: Sidnly Sison			
<u> </u>			
HEREBY CERTIFY that the well/borehole was drill requirements of the Mississippi Department of Env	ed, constructed, and completed in accompanial Quality and the Mississippi P	ordance with all appli separtment of Health	regulations
equirements of the Mississippi Department of Env f applicable, and state laws.	nonnental quality and the mississippi b	eparanent or neatth	i egulativiis,
1 0 1 1 11 0		1 , 111	
Jack Klandell 1)-472	7-29-14	. d. taldel	
Print Name of Responsible Licensee and License No	D. Date Sign	nature of Licensee	
THE THE PERSONNELS STORTED WINDS AND THE MINES AND THE			-SWR-1A (4/1

STATE WELL REPORT

County: Permit Date completed:

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

For Office Use Only:				
Well #:	G550			
Aquifer:				

Copy information from block on Part 1 (601) 360-0535 (fax) 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 Location** Well Owner Information 32 57.18 Longitude: 08 Mailing Address: Dal Method of Lat/Long (check one): Conventional Survey_ _, Hand-held GPS___ , Survey-grade GPS USGS guad Zip Code NORTH OF GULFOONS Telephone No. (2008) (Distance) (Direction) (Nearest Town) Pump Type (circle one) Air Lift Centrifugal Flowing Well (Jet) Piston Rotary Other (describe): Date Pump Installed: ________ Rated Pump Capacity: _____ Gallons Per Minute Is This Pump (circle one): Repaired Replacement Power Type (circle one) Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): __ Setting Depth: SET_DP feet Number of Stages: Horse Power Rating of Motor: Pump Test Data for Non Flowing Well Date Well Tested: _ Duration of Pump Test (minimum 4 hours): __ Static Water Level (A): 15 Pumping Water Level (B): NA Feet Below Land Surface Feet Below Land Surface Drawdown [(B) - (A)]: ___ Feet Below Land Surface Test Pumping Rate: Gallons Per Minute Method of measurement (circle one): Steel tape' Electric tape Air line \ Other (describe):_ Pump Test Data for Plowing Well Measured shut in head: ___ GPM with a drawdown of feet after Well yielded hours of pumping **Meter Installation** Meter Serial Number: _____ Meter Manufacturer: _ Meter Model Number/Name: _ vpe of Meter:__ Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc); Meter installed by: _ Installation Date: Is This Meter (circle 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 knowle	edge,
Tack Ridadell 0-472	7/29/14	Jona Rilder
Print Name of Pump Installer and License No. (if applicable)	Date	signature of Pump Installer
		// Form: OLWR-SWR-1B (4/13