

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 #: G558
Aquifer: _____
E-Log #: _____

County: Harrison
Permit #: 0239
Driller: Mc Gill Pump & Well
Date drilling completed: 3-29-17

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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Ryan Conn</u>	Latitude: <u>30° 30' 20.6" N</u> Longitude: <u>89° 7' 35.79" W</u>
Mailing Address: <u>17184 Lowery Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Gulfport</u> MS <u>39503</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NW 1/4 SE 1/4, Sec 19 T 65S R 11W</u>
Telephone No. <u>(228) 265-1515</u>	<u>0.09</u> Miles <u>WEST</u> of <u>LYMAN</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data	
Date drilling started: <u>3-28-17</u>	Date drilling completed: <u>3-29-17</u> Hole depth: <u>480</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>NA</u>	
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____	
Name of organization running log(s): <u>NA</u>	
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump	
Seismic Survey <input type="checkbox"/> Other (describe) _____	
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If drilling is not related to water well construction, skip the remainder of this block.	
Purpose of Well (circle 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>80</u> feet [above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>3-31-17</u>	
Method of measurement (circle 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>480</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix	
Casing length: <u>460</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>.006</u> inches Setting depth: From <u>460</u> feet to <u>480</u> feet	
Type of completion (circle all applicable): 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	

STATE WELL REPORT

Part 2

Pump Installer's Completion Report

Mississippi Department of Environmental Quality
Well 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 #: 6558
Aquifer: _____

County: HARRISON
Permit #: 0239
Driller: ML Bill Pump
Date completed: 0239
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>Ryan Conn</u>	Latitude: <u>30° 30' 20.6"</u> Longitude: <u>89° 7' 35.79"</u>
Mailing Address: <u>17184 Lowery Rd</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Gulfport</u> MS <u>39503</u>	NW $\frac{1}{4}$ SE $\frac{1}{4}$, Sec <u>19</u> T <u>65</u> R <u>11W</u>
City State Zip Code	<u>0.09</u> Miles West of <u>LYMAN</u>
Telephone No. (<u>228</u>) <u>265-1515</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 3-31-17 Rated Pump Capacity: 20 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

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

Horse Power Rating of Motor: 1 h.p. Setting Depth: 120 feet Number of Stages: 7

Pump Test Data for Non Flowing Well

Date Well Tested: 3-29-17 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 80 Feet Below Land Surface Pumping Water Level (B): 120 Feet Below Land Surface

Drawdown [(B) - (A)]: 0 Feet Below Land Surface Test Pumping Rate: 40 Gallons Per Minute

Method of measurement (circle 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: _____

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

Installation Date: _____ Meter installed by: _____

Is This Meter (circle one): New Repaired Replacement

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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.

Minda ML Bill Pump 0239 4/10/17 _____
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

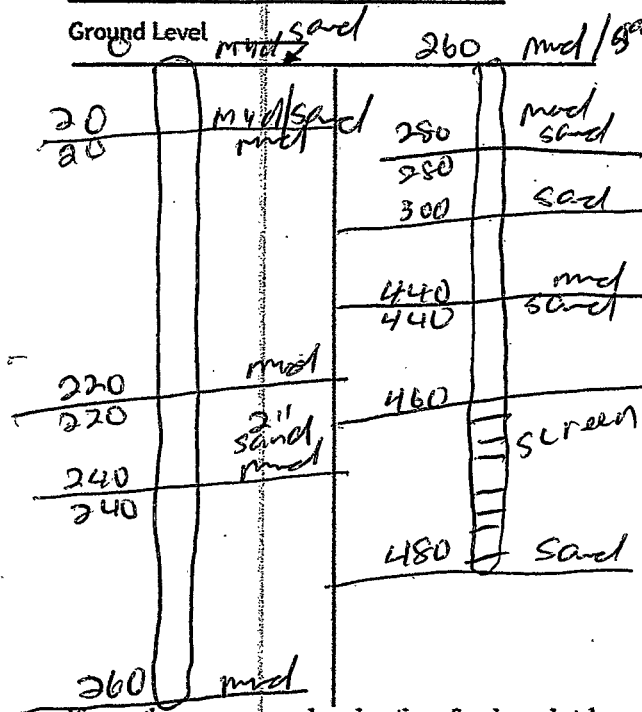
County: Harrison
 Permit #: 0239

For Office Use Only:
 Well #: 6558

The sketch below only required for water wells

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

If well telescopes, show depths on sketch



Description of Formations Encountered	From (depth)	To (depth)
	Ground level	
mud / sand	0	20
mud	20	220
sand / mud	220	240
mud	240	260
mud / sand	260	280
sand	280	300
mud	300	440
sand	440	480

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

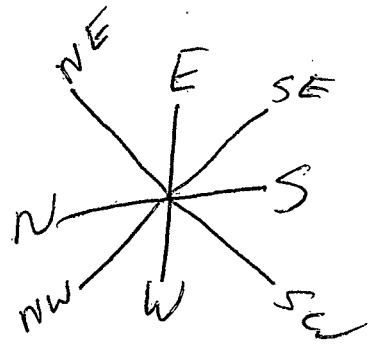
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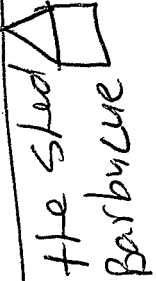
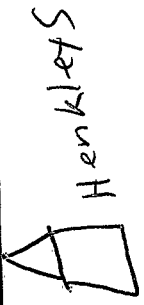
Landowner Name: Ryan Conn

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 Murre 82# 0239 4/10/17 [Signature]
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

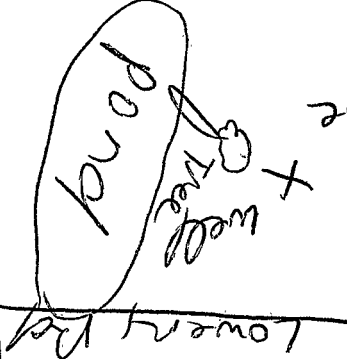


Hwy Way 53

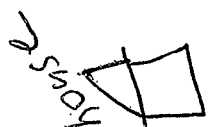
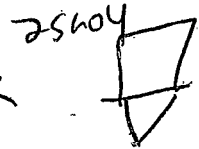


Mills Rd

Lower Rd



Lower Rd
17184



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Hwy 49