

County: Harrison
 Permit #: _____
 Driller: Coast Water Well Serv
 Date drilling completed: 12-12-13

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 #: H617
 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.

<p align="center">Well Owner Information (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Barlow Builders</u> Mailing Address: <u>West Jordan Rd.</u> <u>Gulfport</u> _____ <u>Ms 39565</u> City State Zip Code Telephone No. <u>228 297-1744</u></p>	<p align="center">Well or Borehole Location</p> <p>Latitude: <u>30° 32' 47.58"</u> Longitude: <u>088° 02' 2.40"</u> <u>30° 33' 10.8"</u> <u>-89° 1' 55.19"</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/>, Survey-grade GPS _____ <u>SE</u> <u>NW</u> <u>NE</u> <u>SW</u> 1/4 <u>5</u> 1/4, Sec <u>6</u> T <u>65</u> R <u>10W</u> <u>10</u> Miles <u>NE</u> of <u>Gulfport</u> (Distance) (Direction) (Nearest Town)</p>
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Well / Borehole Data

Date drilling started: 12-12-13 Date drilling completed: 12-12-13 Hole depth: 122 FT Hole diameter: 2
 Location of the source of any surface water used for drilling: N/A
 Method of dosing and volume of Chlorine used in drilling and development: 1 gal per 1000 Drilling 2 gal 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 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 (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: 15 feet [above or below] land surface Date measured: 12-12-13
 (circle one)
 Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____
 Well depth: 122 FT Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 112 feet Casing diameter: 2 inches Type of casing: PVC
 Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC
 Screen slot size: .006 inches Setting depth: From 112 feet to 112 feet
 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

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 #: _____
Driller: Coast Water Wells, Inc.
Date completed: 12-12-13
Copy information from block on Part 1

For Office Use Only:
Well #: H617
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>Barlow Builders</u>	Latitude: <u>30°32'47.58"</u> Longitude: <u>088°02'2.40"</u>
Mailing Address: <u>West Jordan 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> , <u>MS</u> <u>39565</u>	<u>NE 1/4</u> <u>SW 1/4</u> , Sec <u>6</u> T. <u>65</u> R. <u>10W</u>
City _____ State _____ Zip Code _____	<u>10</u> Miles <u>NE</u> of <u>Gulfport</u>
Telephone No. <u>228 297-1744</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: 12-13-13 Rated Pump Capacity: 9 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: 1HP Setting Depth: 40FT DP feet Number of Stages: 2

Pump Test Data for Non Flowing Well
Date Well Tested: 12-13-13 Duration of Pump Test (minimum 4 hours): 4 hours
Static Water Level (A): 15 Feet Below Land Surface Pumping Water Level (B): N/A Feet Below Land Surface
Drawdown [(B) - (A)]: N/A Feet Below Land Surface Test Pumping Rate: 9 Gallons Per Minute
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well
Measured shut in head: _____ feet.
Well yielded _____ GPM with a drawdown of N/A feet after _____ hours of pumping

Meter Installation
Meter Manufacturer: _____ Meter Serial Number: _____
Meter Model Number/Name: _____ Type of Meter: _____
Totalizer Register Unit and Multiplier Factor (AF x .00, Val x 1000, etc): N/A
Installation Date: _____ Meter installed by: _____
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 knowledge.
Jack Ridadell 0-472 12/13/13
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer