STATE	WELL REPORT	For Office Use Only:
County: HUIISON	Part 1 riller's Log	Well #: H 639
	nent of Environmental Quality	
Driller Orst-Woter Well SVC- Office of Lar	nd and Water Resources	Aquifer:
	.O. Box 2309 m, MS 39225-2309	E-Log #:
	501)961-5210	
(601)360-0535 (fax)	
State Law requires that this report be prepared by the Department at the above address within 30 days of con	license holder responsible for the non-	he work and filed with the or borehole.
Well Owner Information		chole Location
(Landowner if borehole is not for a water well)	Latitude: 30315124" Lor	ngitude: 08556' 2-52"
Owner Name: Mike Holley		
Mailing Address: 17008 Studge Founta	Method of Lat/Long (check one	
J RP.	USGS quad, Hand-held G	PS, Survey-grade GPS
File 1 Ma 20572	SP 1 SF 1 Ser	12 1 65 R 104]
City State Zip Code		
		of DIDERVILLE
Telephone No. 208) 243-6981	(Distance) (Direction)	(Nearest Town)
	orehole Data	
Date drilling started: 1015-15 Date drilling completed:	10-11-15 Hala data	ETuda diamatar 211
Date drilling started: 10-10 Date drilling completed:	Hole depth: $\underline{\bigcirc}$ $\underline{\bigcirc}$	<u>r i</u> Hole diametery
Location of the source of any surface water used for drilling	ng: NA	
Method of dosing and volume of Chlorine used in drilling a	nd development: [CAPET]	000 Drilling dgal in well
Logs run (circle all applicable): No log run Electric Gam	na Ray Density Sonic Neutro	on Other:
Name of organization running log(s):		
	ical/Geological Investigation	Ground Source Heat Pump
	(describe)	
	• • • • • • • • • • • • • • • • • • • •	e of this block
If drilling is not related to water well c	onstruction, skip the remainae	
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)	
		ed: 10-16-15
	Whand surface Date measure	
Method of measurement (circle one): Steel tape Electric	tape Air line Other (describe	?):
Well depth: <u>340</u> Well grouted to a depth of: <u>10</u>	feet Type of grout (circle one)): Neat Cement Bentonite Mix
Casing length: <u>320</u> feet Casing diameter:	<u>A</u> inches Type of	casing: <u>PVC</u>
Screen length: <u>10</u> feet Screen diameter: _	2inches Type of	f screen: <u>PVC</u>
Screen slot size: <u>COC</u> inches Setting depth	: From <u>330</u> feet	to <u>340</u> feet
Type of completion (circle all applicable): Gravel packed	Underreamed Open hole	e Natural Development
Other (describe):		
Top of lap pipe or reduction in casing:		NOV 2 († 2015
If telescoped or more than	one screen, describe on next p	Form: OLWR-SWR-1A (4/13)

4 1

orm: OLWR-SWR-1A (4413)

County:	Harrison
Permit #:	

Fe	or Office Use Only:
Well #:	H634

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 (<i>depth</i>)	To (depth)
Ground Level	TOP SOIL	Ground level	2
.	orange Clay	2	30
	White Coartse Sand	30	90
	Blue clay	90	-2.38
	Bray medium Sand	<u> </u>	250
	Blueccay	250	- 300
	Gray Medium Band	1.000	
			······································
			· · · · · · · · · · · · · · · · · · ·
			•
	······································		
If more than one screen, show location of each on sketch	· · · · · · · · · · · · · · · · · · ·	1	
Sketch the property layout and include the following:	·	×	
2) any permanent structures on the property that may a 3) any roads, power lines, or other items that may aid in 4) north arrow N N Poset Bridg	n locating the property and the well	t NOV 1	2 () Z(1)
	\mathbf{X}		
Landowner Name: Mike Polley	· · · · · · · · · · · · · · · · · · ·		
I HEREBY CERTIFY that the well/borehole was drilled, requirements of the Mississippi Department of Environ if applicable, and state laws.	constructed, and completed in accordance mental Quality and the Mississippi Depart	ce with all appli ment of Health	cable regulations,
Jook Ridadell D-472	11/9/15 mak Ridada	00	•
Print Name of Responsible Licensee and License No.	Date Signatur	e of Licensee	

Print Name of Responsible Licensee and License No.

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

	STATE WELL REPORT	
county: Harrison	Part 2	For Office Use Only:
Permii #:	Pump Installer's Completion Report	Well #: H 636
prille 20st Water Wellsuc	Mississippi Department of Environmental Quality Office of Land and Water Resources	Well #: 1
Date completed: 10-18-15	P.O. Box 2309	
Copy information from block on Part 1	Jackson, MS 39225-2309 Aquifer:	
Copy information from block on Part 1	(601) 360-0535 (fax)	
This part of the report must be complete	ed by a licensed water well contractor or a licensed put	np installer. A copy of Part 1
of the report must be attached and both Well Owner Informat	parts filed with the Department at the above address w	
Dwner Name: Mike Polley		gitude: 088°56' 2.52
Wailing Address: 17008 Judge	Foundary Method of Lat/Long (check one): Conventional Survey,
· · · · · · · · · · · · · · · · · · ·		PS, Survey-grade GPS
biloxi Ms 395		12 T 65 R 100
City State	Zip Code	
Telephone No. (228) 243-6	<u>9981</u> (Distance) (Direction)	(Nearest Town)
	Pump Type (circle one)	
Submersible Turbine Air Lift Centri	iugal Flowing Well Jet Piston Rotary Other (de	scribe):
Date Pump Installed: 10-16-19	Rated Pump Capacity:	S Gallons Per Minute
Is This Pump (circle one): New Re	paired Replacement EXISTING	
\sim	Power Type (circle one)	· · · · · · · · · · · · · · · · · · ·
Electric Diesel Gasoline Natural Ga	s Tractor PTO Windmill Other (describe):	·
Horse Power Rating of Motor:	2 Setting Depth: <u>BOFT</u> feet Number	of Stages: 2
	Pump Test Data for Non Flowing Well	· · · · · · · · · · · · · · · · · · ·
Date Well Tested: 10-110-15		um 4 hours): hours
Static Water Level (A): Fee	et Below Land Surface Pumping Water Level (B): _	NA Feet Below Land Surface
Drawdown [(B) - (A)]:N/A	_Feet Below Land Surface Test Pumping Rate:	3. S Gallons Per Minute
•	teel tape Electric tape Air line Other (describe):	
	Pump Test Data for Flowing Well	
Measured shut in head:fee		
Well yieldedGPM with a	t. N/A drawdown of feet after	hours of pumping
	Meter Installation	······································
Meter Manufacturer:	/ Meter Serial Number:	······································
Meter Model Number/Name:	Aype of Meter:	·
	actor (AF x .001, gal x 1000, etc):	
	Meter installed by:	
ls This Meter (circle one): New Re		
	nformation you are certifying that this meter was insta	lled to manu facturer standards
For agricult	ural wells, a list of approved meters is on the MDEQ w	ebsile.
	ments are true to the best of my knowledge.	. Л
I HEREBY CERTIFY that the above state		$z = 1 \Lambda I / z$
HEREBY CERTIFY that the above state	0-472 11-9-15 Make	2 Andell in the
I HEREBY CERTIFY that the above state Jack Ridghell Print Name of Pump Installer and Licer		ture of Pump Installer V. G. C.

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