

STATE WELL REPORT

County: HARRISON
 Permit #: _____
 Driller: Coast Waterwell SVC.
 Date drilling completed: 6-1-17

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 #: H649
 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.

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| <p>Well Owner Information (Landowner if borehole is not for a water well) Owner Name: <u>Michael Russell</u> Mailing Address: <u>Allen Road</u> <u>Biloxi, MS 39532</u> City State Zip Code Telephone No. <u>(228) 234-0270</u></p> | <p>Well or Borehole Location Latitude: <u>30° 31' 7.98"</u> Longitude: <u>089° 01' 31.68"</u> Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <input checked="" type="checkbox"/>, Survey-grade GPS _____ USGS quad _____, Sec <u>18</u> T <u>6S</u> R <u>10W</u> <u>SE</u> ^{NW} <u>SW</u> ^{SE} <u>18</u> ^{SW} <u>6S</u> ^{SE} <u>10W</u> <u>6</u> Miles <u>NW</u> of <u>Biloxi</u> (Distance) (Direction) (Nearest Town)</p> |
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Well / Borehole Data
 Date drilling started: 5-31-17 Date drilling completed: 6-1-17 Hole depth: 430 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) _____

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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): Home Industrial Public Supply Irrigation Fish Culture
 Other (describe): _____ **BY OLWR**

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 50 feet (above or below) land surface Date measured: 6-1-17
 Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____
 Well depth: 430 FT Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 415 feet Casing diameter: 2 inches Type of casing: PVC
 Screen length: 15 feet Screen diameter: 2 inches Type of screen: PVC
 Screen slot size: .006 inches Setting depth: From 415 feet to 430 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

