

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 #: H657
Aquifer: _____
E-Log #: _____

County: Harrison
Permit #: _____
Driller: Coast Water Wells, Inc.
Date drilling completed: 12-1-16

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>Brad Holland/Gene Gidea</u>	Latitude: <u>30° 29' 59.22"</u> Longitude: <u>088° 59' 10.26"</u>
Mailing Address: <u>14520 N. Millcreek DR</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Biloxi, MS 39532</u>	<u>SE NE</u> 1/4 <u>NE</u> 1/4, Sec <u>28</u> T <u>65</u> R <u>10W</u>
City State Zip Code	<u>5</u> Miles <u>NORTH</u> of <u>Biloxi</u>
Telephone No. <u>228 806-7124</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data	
Date drilling started: <u>11-29-16</u>	Date drilling completed: <u>12-1-16</u> Hole depth: <u>472 FT</u> Hole diameter: <u>2"</u>
Location of the source of any surface water used for drilling: <u>N/A</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>1 GAL PER 1000 DRILLING 2 GAL IN WELL</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): _____	
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) _____	

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) _____	
Static Water Level: <u>100</u> feet [above or (below)] and surface Date measured: <u>12-1-16</u>	
(circle one)	
Method of measurement (circle one): Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> <input checked="" type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____	
Well depth: <u>472 FT</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <input type="checkbox"/> <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix	
Casing length: <u>457</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>15</u> feet Screen diameter: _____ inches Type of screen: _____	
Screen slot size: <u>1.006</u> inches Setting depth: From <u>457</u> feet to <u>472</u> feet	
Type of completion (circle all applicable): Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input checked="" type="checkbox"/> <input type="checkbox"/> Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: <u>N/A</u> feet	

If telescoped or more than one screen, describe on next page

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DEC 27 2016
Form: OLWR-SWR-1A (4/13)

BY OLWR

1914
April 14, 1914

Dear Mr. [Name]

I have received your letter of the 10th

and am glad to hear from you

and hope you are well

Yours truly,
[Name]

Very truly,
[Name]

[Signature]

[Stamp]

[Text]

[Text]

[Text]

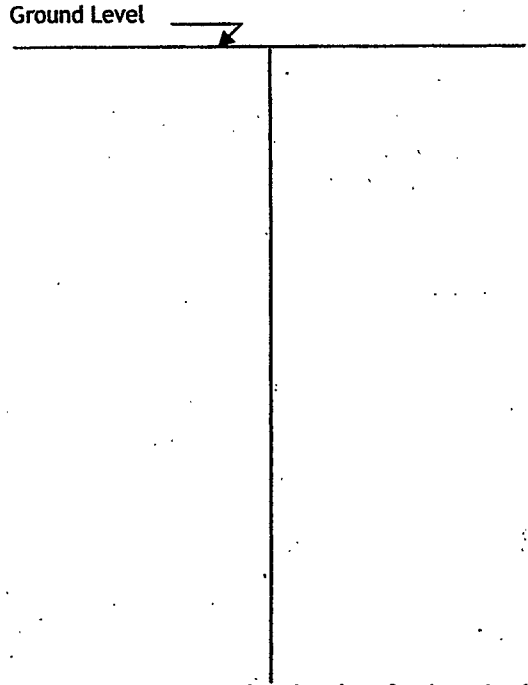
County: Harrison
Permit #: _____

For Office Use Only:
Well #: H657

The sketch below only required for water wells

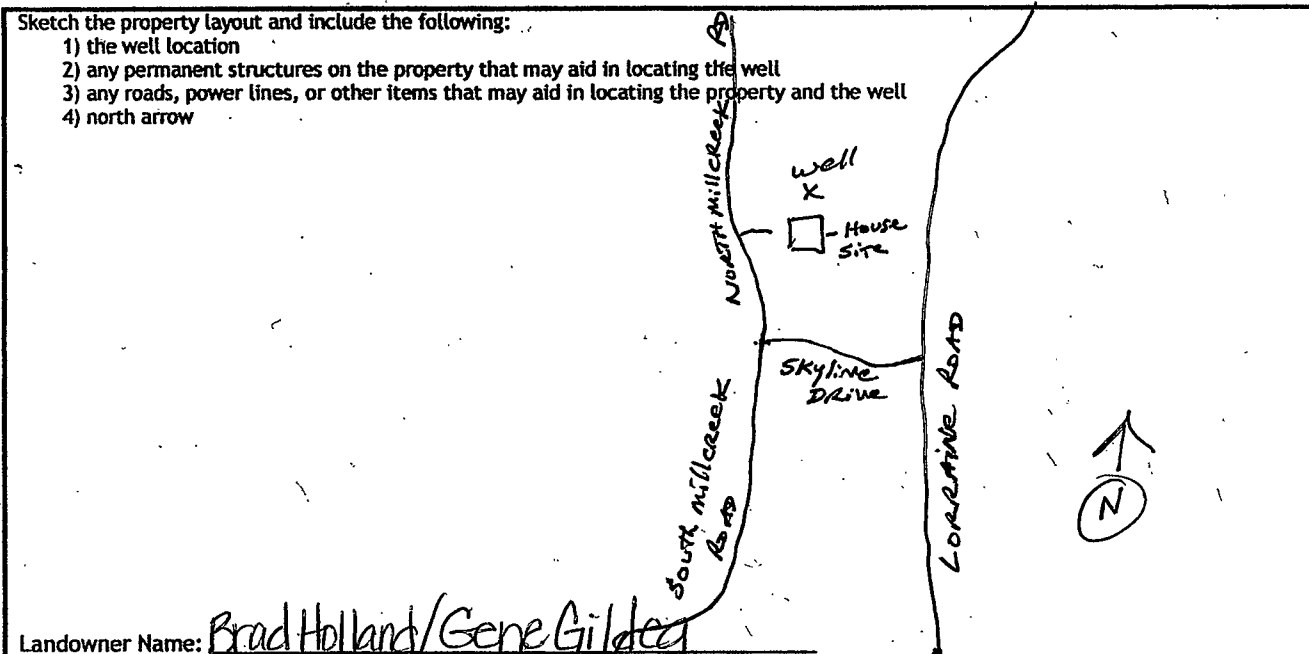
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Top Soil	Ground level	2
Orange Clay w/str. of sand	2	30
Blue Clay	30	285
Gray Medium to Coarse Sand	285	310
Blue Clay	310	423
Gray Medium Sand w/str. of clay	423	445
Gray Coarse Sand	445	472

If more than one screen, show location of each on sketch



Landowner Name: Brad Holland/Gene Gildea

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.

Jack Ridgdeul 0-472 12/5/16
Print Name of Responsible Licensee and License No. Date

John Ridgdeul
Signature of Licensee

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

BY OLWR

STATE WELL REPORT

Part 2

County: Harrison
 Permit #: _____
 Driller: Coast Water Wells, Inc.
 Date completed: 12-1-16
Copy information from block on Part 1

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)

For Office Use Only:

Well #: H657
 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>Brad Holland / Gene Gildea</u>	Latitude: <u>30°29'59.22"</u> Longitude: <u>188°59'10.26"</u>
Mailing Address: <u>14520 N. Mill Creek DR.</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Biloxi, MS 39532</u>	<u>SE 1/4 NE 1/4, Sec 28 T 6 S R 10 W</u>
City: _____ State: _____ Zip Code: _____	<u>5</u> Miles <u>North</u> of <u>Biloxi</u>
Telephone No. <u>806-7124</u>	(Distance) _____ (Direction) _____ (Nearest Town) _____

Pump Type (circle one)

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

Date Pump Installed: 12/2/16 Rated Pump Capacity: 10 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: 2 HP Setting Depth: 120 FT DR feet Number of Stages: 3

Pump Test Data for Non Flowing Well

Date Well Tested: 12/2/16 Duration of Pump Test (minimum 4 hours): 5 hours

Static Water Level (A): 100 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: 10 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. N/A

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation

Meter Manufacturer: _____ Meter Serial Number: N/A

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

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 Ridgdell 0472 12/5/16 Jan Ridgder

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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