STATE WELL REPORT

County: Harrison Permit #: 0239 Driller: Mc6ill peup + well Date drilling completed: 4-24-18

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)961-5555

(601)961-5228 (fax)

For Office Use Only:			
Well #: _	H667		
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.

Well Owner Information	Well or Borehole Location				
(Landowner if borehole is not for a water well)	Latitude: 30 30 31 86 Longitude: 88 56 30 79	nw			
Owner Name: Curt Shrnick	Method of Lat/Long (check one): Conventional Survey,				
Mailing Address: 6244 Krohn Lane	USGS quad, Hand-held GPS, Survey-grade GPS				
0.11					
$\frac{ S O V }{ City }$ MS $\frac{ S S }{ S }$ State $\frac{ S }{ S }$ Zip Code	SW 14 NE 14, Sec 34 T 65 R 10W				
City State Zip Code Telephone No. (22%) <u> </u>	6.8 Miles NE of Wool market (Distance) (Direction) (Nearest Town)				
Tetephone No. (320) (25) 1 3 0 7 0	(Distance) (Direction) (Nearest Town)	1			
	orehole Data	1			
	<u> リーフソー8</u> Hole depth: <u>320</u> Hole diameter: <u> </u>	1			
Location of the source of any surface water used for drilling	g: well molor	ŀ			
Method of dosing and volume of Chlorine used in drilling ar	nd development: <u>NA</u>				
Logs run (check all applicable):					
Name of organization running log(s): Name of organization running log(s):					
Purpose of borehole (check one): Water Well Geotechnic	cal/Geological Investigation Ground Source Heat Pump	ŀ			
Seismic Survey Other (describe)				
If drilling is not related to water well construction, skip the remainder of this block					
Purpose of Well (check all applicable): Home Industrial Public Supply Irrigation Fish Culture					
Other (describe):					
If a flowing well, method of flow regulation: Valve Other (describe) Back wash valve					
Static Water Level: 100 feet Dabove or below] land surface Date measured: 4-331-18.					
Method of measurement (check one) Usteel tape Electric tape Air line Other (describe):					
Well depth: 320 Well grouted to a depth of: 10 feet Type of grout (check one) Reat Cement Bentonite Mix					
Casing length: <u>300</u> feet Casing diameter: <u> </u>					
Screen length: <u>QO</u> feet Screen diameter:	a inches Type of screen: OVC				
	From 300 feet to 320 feet				
Type of completion (check all applicable) ravel packed	Underreamed Open hole Matural Development CE	VED			
Other (describe):	MAY 14	2018			
Top of lap pipe or reduction in casing: 220 feet					
If telescoped or more than o	ne screen, describe on next page BYOL	WR			

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

STATE WELL REPORT

County: Harrison Permit #: 0239 Driller: mc611) Date completed: 4-27-18

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

For Office Use Only:
Well #: H667
Aquifer:

Copy information from block on Part 1	(601)961-5210 (01) 360-0535 (fax)				
This part of the report must be completed by a licensed wa	tter well contractor or a licensed pump installer. A copy of Part 1 e Department at the above address within 30 days of well completion.				
Well Owner Information	Well Location				
Owner Name: Curt Shrnick	Latitude: 30 30 31.86 Longitude: 88 56 30.79				
Mailing Address: 6244 Krohn Lan	Method of Lat/Long (<i>check one</i>): Conventional Survey,				
	USGS quad, Hand-held GPS 1/2, Survey-grade GPS				
Biloxi ms 39532	SW 14 NE 14, Sec 24 T 65 R 10 W				
City State Zip Code	SW 1/2 NE 1/4, Sec 34 T 65 R 10 W 6.8 Miles WE of Woolmarkat (Distance) (Direction) (Nearest Town)				
Telephone No. (34) 14 15 \$ 10	(Distance) (Direction) (Nearest Town)				
i	Type (check one)				
Submersible Turbine Air Lift Centrifugal Flowing We	Il □Jet□Piston□Rotary□Dther (describe):				
Date Pump Installed: 4-21-18	Rated Pump Capacity:Gallons Per Minute				
Is This Pump (check <i>one</i>): ☑New Repaired Replacer					
Power Electric	Type (check <i>one</i>)				
•					
Horse Power Rating of Motor: 1 h.p Setting De	epth: 100 feet Number of Stages: 1				
	ta for Non Flowing Well				
Date Well Tested: 4 - 27-18 Duration of Pump Test (minimum 4 hours): 4 hours					
Static Water Level (A): 100 Feet Below Land Surface Pumping Water Level (B): 140 Feet Below Land Surface					
Drawdown [(B) - (A)]:Feet Below Land Surface Test Pumping Rate: O Gallons Per Minute					
Method of measurement (check one): Steel tape E lectric	c tape 🗔 Air line 🗔 Other (<i>describe</i>):				
1	Data for Flowing Well \(\square\) /				
Measured shut in head:feet.	ľ				
Well yieldedGPM with a drawdown of					
Mete	er Installation VV IA				
Meter Manufacturer:	Meter Serial Number:				
Meter Model Number/Name:	i lim Chan Ville				
Totalizer Register Unit and Multiplier Factor (AF x .001,	gal x 1000, etc):				
Installation Date: Meter installed by New Repaired Replace	y:				
Is This Meter (check one): \square New \square Repaired \square Replace	ment BY OLWR				
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.					
A-11-0 1000 1-1 1000 1000 1000 1000 1000					
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer Date					

Form: OLWR-SWR-2A (4/13)

County: Harrison Permit #: D239	For Office Use Only: Well #: -\((_6\)					
Termen.	L	. <u>(10</u>				
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. Ground Level	Description of Formations Encoun	ntered From (depth) Ground level	To (depth)			
Sarry X Sou	Sand	D D	80			
	muel ,	80	140			
80 Sand	gravel/Sand	140	160			
80 1	mud Sand mud	160 220	220 240			
80 med Jeren	Sand mud	940	300			
140	Land	300	320			
'71 1 4	3-1					
220 / mid						
220 320 1.						
Soud/med						
2401-201						
240 1			,			
300 md			1			
If more than one screen, show location of each on sketch			<u> </u>			
•		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>				
Sketch the property layout and include the following: 1) the well location 2) any permanent structures on the property that may aid 3) any roads, power lines, or other items that may aid in lo	in locating the well ocating the property and the well					
5 ee page	Back					
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1) a as	2	RECEI\	/FD			
1000						
ľ		MAY 14	2018			
	•	promo. No. of the				
		BYOLV	ΝR			
Landowner Name: Curt 6hrnick						
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 Main 8th 0239 5	18110 m					
Print Name of Responsible Licensee and License No.	Date	Signature of Licensee				

Signature of Licensee Form: OLWR-SWR-1B (4/13) lad 405 8:81

RECEIVED MAY 14 2018 BY OLWR