county: Harrison	
Permit #:	
Driller COOST WATER WELLSVO	ł
Date drilling completed: 10-2-18	١

### 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)

38
For Office Use Only:
Well #: H679
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′30.12″ Longitude: 088° 54′ 22.14″			
Owner Name: MIKE HONTIUS				
Mailing Address: 15439 Dubson Road	Method of Lat/Long (check one): Conventional Survey,			
Walting Addition.	USGS quad, Hand-held GPS, Survey-grade GPS			
NITI OF VILLE ME 30 FULL	USGS quad, Hand-held GPS_V, Survey-grade GPS			
D'I berville, Ms 39540 City State Zip Code	4 Miles NORTH of D'IBFRUNDE			
Telephone No. (228) 365-1923	(Distance) (Direction) (Nearest Town)			
	reshels Detail			
Date drilling started: D-18 Date drilling completed	orehole Data 10-2-18 Hole depth: 370 FT Hole diameter: 2"			
	1/A			
Method of dosing and volume of Chlorine used in drilling a	and development: Gater 1000 Drilling agai in well			
Logs run (circle all applicable): No log run Electric Gam	ma Ray Density Sonic Neutron Other:			
Name of organization running log(s):				
Purpose of borehole (circle one): Water Well Geotechn	ical/Geological Investigation Ground Source Heat Pump			
Seismic Survey Other	(describe)			
If drilling is not related to water well o	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: 50 feet [above or below (circle one)	will land surface Date measured: 10-2-18			
Method of measurement (circle one): Steel tape Electric	tape Air line Other (describe):			
Well depth: 370 F Well grouted to a depth of: 10	feet Type of grout (circle one): Neat Cement Bentonite Mix			
Casing length: 355feet Casing diameter:	inches Type of casing:			
Screen length: 15 feet Screen diameter: 2 inches Type of screen: PVC				
Screen slot size:inches Setting depti	n: From <u>355</u> feet to <u>370</u> feet			
Type of completion (circle all applicable): Gravel packed	Underreamed Open hole Natural Development			
Other (describe):				
Top of lap pipe or reduction in casing: MA feet	·			
If telescoped or more than	one screen, describe on next page			

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

county: Harrison			Office Use	•
Permit #:	W	ell #:	H67	Ci
The sketch below only required for water wells	Description of formations encou and boreholes, unless specifically	ntered mu y exempte	ist be provided ad by regulation	i for all wells
<u>If well telescopes, show depths on sketch.</u>	Description of Formations Encounte	ered F	rom ( <i>depth</i> )	To (depth)
Ground Level	Topsoil		Ground level	<u>.a.</u>
	Gange Clay	- 1	7	15
	Grange Coarse Sc	uri	<del>- 100</del>	$\frac{90}{60}$
	Bue. Clay		60	335
	Gray coatse say	nd	335	370
			· · · · · · · · · · · · · · · · · · ·	
·				
,				
If more than one screen, show location of each on sketch				
·	•			
Sketch the property layout/and include the following:  1) the well location  2) any permanent structures on the property that may 3) any roads, power lines, or other items that may aid  4) north arrow	y aid in locating the well if in locating the property and the well			
SIN 120 7				
	N		-	
	Dobsen ROAD			
CAM	DRIVERY			
		<u>-</u>		
Landowner Name: Mike Pon-Hus				
I HEREBY CERTIFY that the well/borehole was drille	d, constructed, and completed in accommental Quality and the Mississippi	cordance Departm	with all appl ent of Health	icable regulations,
LHERERY CERTIFY that the well/horehole was drille	onmental Quality and the Mississippo	Departm	with all applent of Health of Licensee	icable regulations,

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**\***~

### STATE WELL REPORT

# County: HARRISON Permit #: Drille(: 0.05+Water Wellsus) Date completed: 10-2-18 Copy information from block on Part 1

#### Part 2

## Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309

P.O. Box 2309 Jackson, MS 39225-2309 (601)961-5210 (601) 360-0535 (fax)

For Office Use Only:		
Well #: 4679		
Aquifer:		

(601) 3	360-0535 (fax)
This part of the report must be completed by a licensed water w of the report must be attached and both parts filed with the Dep	vell contractor or a licensed pump installer. A copy of Part 1 partment at the above address within 30 days of well completion.
Well Owner Information	· Well Location
	atitude: 36'30'30.12' Longitude: 088° 54' 20.14''
	Method of Lat/Long (check one): Conventional Survey,
D'Iberville, M5 39540 City State Zip Code	JSGS quad, Hand-held GPS, Survey-grade GPS,  NGA_SE, Sec
	(circle one)
Submersible Turbine Air Lift Centrifugal Flowing Well	
	ted Pump Capacity: 13 Gallons Per Minute
Is This Pump (circle one): New Repaired Replacement	
	e (circle one)
Electric Diesel Gasoline Natural Gas Tractor PTO Winds	
Horse Power Rating of Motor: 2++ Setting Depth:	SOFT Diffeet Number of Stages: 3
	or Non Flowing Well
Date Well Tested: 10 3-18	Duration of Pump Test (minimum 4 hours): 5 hours
	Pumping Water Level (B): Mar Feet Below Land Surface
Drawdown [(B) - (A)]:N/AFeet Below Land Surface	ce Test Pumping Rate: Gallons Per Minute
Method of measurement (circle one): Steel tape Electric tap	Air line Other (describe):
	for Flowing Well
Measured shut in head:feet.	<b>A</b> .
Well yieldedGPM with a drawdown of	feet_afterhours of pumping
Meter In	stallation
Meter Manufacturer:	A Meter Serial Number:
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 Replacemen	nt .
Important: By submitting the above information you are cer For agricultural wells, a list of appr	tifying that this meter was installed to manufacturer standards.  roved meters is on the MDEQ website.

I HEREBY CERTIFY that the above statements are true to the	best of my knowl	edge.	
Tack Ridgell 0-472	10/3/18	To he	Risler
Print Name of Pump Installer and License No. (If applicable)	Date	Signature of Pu	
		// Fo	rm: OLWR-SWR-1B (4/13)