

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
Well #: J397
L. S. Elevation: _____
E-log #: _____

County: Harrison
Permit #: 0239
Driller: McGill Pump & Well
Date drilling completed: 10-3-12

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.

| Information on Well Owner <i>(Landowner if borehole is not for a water well)</i> | Well or Borehole Location |
|---|---|
| Owner Name: <u>GARLON Homes</u> | Latitude: <u>30° 23' 35"</u> Longitude: <u>89° 16' 17"</u> |
| Mailing Address: <u>LOT 34</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Magnolia Walk</u> | <u>1R 1/4 1R 1/4 Sec 39 Twn 7S Rng 13W</u> |
| <u>P.C. Ms 39571</u> | Distance <u>10</u> Miles Direction <u>EAST</u> of Nearest Town <u>SAT</u> |
| City State Zip Code | |
| Telephone No. <u>228 206-6223</u> | |

Well / Borehole Data

Date drilling started: 10-1-12 Date drilling completed: 10-3-12 Hole depth: 480 Hole diameter: 4x2

Location of the source of any surface water used for drilling: Water Well
Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____

Seismic Survey _____ Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check one): Home Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____

If a flowing well, method of flow regulation: Valve BACKWASH Other (describe) _____

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 10-3-12

Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 480 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 460 feet Casing diameter: 4x2 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: 0006 inches Setting depth: From 460 feet to 480 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: 200' feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

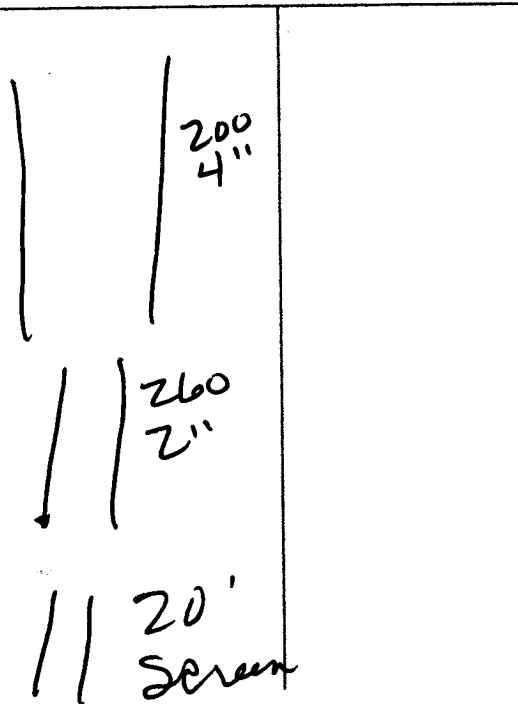
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If well telescopes please sketch below and show depths.

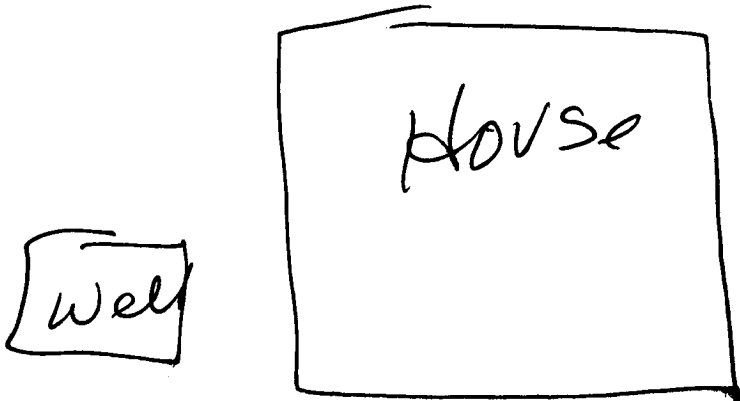
Ground Level



| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| mud | 0 | 160 |
| sand | 160 | 180 |
| mud | 180 | 320 |
| sand | 320 | 330 |
| mud | 330 | 420 |
| sand | 420 | 480 |
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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 aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



Landowner Name: Charles Hones # 34

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Michael Merrill Sr.

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: Harrison
 Permit #: 0239
 Driller: McGill Pump & Well
 Date completed: 10-3-12
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: J397
 Elevation: _____

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>Gordon Homes</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>Lot 34</u> | Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey _____ |
| <u>Magnolia Walk</u> | USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ |
| <u>P.C. Ms 39571</u> | <u>1R</u> ¼ <u>1R</u> ¼ Sec <u>39</u> T <u>7S</u> R <u>13W</u> |
| City _____ State _____ Zip Code _____ | Distance _____ Direction <u>35</u> Nearest Town _____ |
| Telephone No. <u>228</u> <u>206-6223</u> | <u>10</u> Miles <u>EAST</u> of <u>GPT</u> |

| Pump Type Circle one | Power Type Circle one |
|---|--|
| Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <input checked="" type="checkbox"/> <u>Submersible</u> | Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> |
| Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> | <input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO |
| Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> | Windmill <input type="checkbox"/> Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>1</u> |
| Date Pump Installed: <u>10-3-12</u> | Setting Depth: <u>120</u> feet |
| Rated Pump Capacity: <u>18</u> Gallons Per Minute | Number of Stages: <u>8</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|---|
| Date Well Tested: <u>10-3-12</u> | Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <input checked="" type="checkbox"/> <u>Steel Tap</u> |
| Static Water Level (A): <u>80</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>120</u> Feet Below Land Surface | For flowing well, measured slat in head: _____ feet |
| Drawdown [(B) - (A)]: <u>15</u> Feet Below Land Surface | Well yielded <u>18</u> GPM with a drawdown of |
| Test Pumping Rate: <u>18</u> Gallons Per Minute | <u>15</u> feet after <u>12</u> hours of pumping |
| Duration of Pump Test (minimum 4 hours): <u>12</u> hours | |

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Michael McGill Sr. 0239 Michael McGill A.
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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