

0240269-01

LOBOUY ROAD

Well Driller Report and Well Log

For Office Use Only:

County: HARRISON COUNTY
 Permit #: MS-GW-16672
 Driller: LAYNE CHRISTENSEN
 Date drilling completed: 9/30/10

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P. O. Box 2309
 Jackson, MS 39225-2309
 (601) 961-5210
 (601) 354-6938 (fax)

Aquifer: _____
 Well #: J402
 L. S. Elevation: _____
 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.

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name <u>HARRISON COUNTY BD OF SUPERVISORS</u>	Latitude: <u>30-25-37</u> Longitude: <u>89-15-29</u> <u>N 30' 25.35"</u> <u>W 089' 15.35"</u>
Mailing Address: <u>PO DRAWER C</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey
<u>GULFPORT</u> <u>MS</u> <u>39501</u>	<input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-Held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip Code	<input checked="" type="checkbox"/> SE 1/4 <input checked="" type="checkbox"/> SE 1/4 Sec <u>23</u> Twn <u>7 S</u> Rng <u>13 W</u>
Telephone No. (<u>228</u>) <u>865.4070</u>	<input type="checkbox"/> NE <input type="checkbox"/> NE Distance Direction Nearest Town
	Miles <u>SOUTH</u> of <u>SAUCIER</u>

From aerial

Well / Borehole Data

Date drilling started: 9/30/10 Date well drilling completed: 7/25/11 Hole Depth: 1625' Hole diameter: 20"

Location of the source of any surface water used for drilling: NONE

Method of dosing and volume of Chlorine used in drilling and development: NONE

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): LAYNE CHRISTENSEN COMPANY, PENSACOLA, FL

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 flowing, method of flow regulation: Valve Other (describe) --

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 7/26/11

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

Well depth: 1625 Well grouted to a depth of: 1541.5 Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 1541.5 feet Casing diameter: 12 inches Type of casing: STEEL

Screen length: 60 feet Screen diameter: 8 inches Type of screen: STAINLESS

Screen slot size: 0.025 inches Setting depth: From 1559 feet to 1619 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: 1460 feet. *If telescoped or more than one screen, describe on next page.*

RECEIVED Form: OLWR-SWR-1A

MAR 14 2012

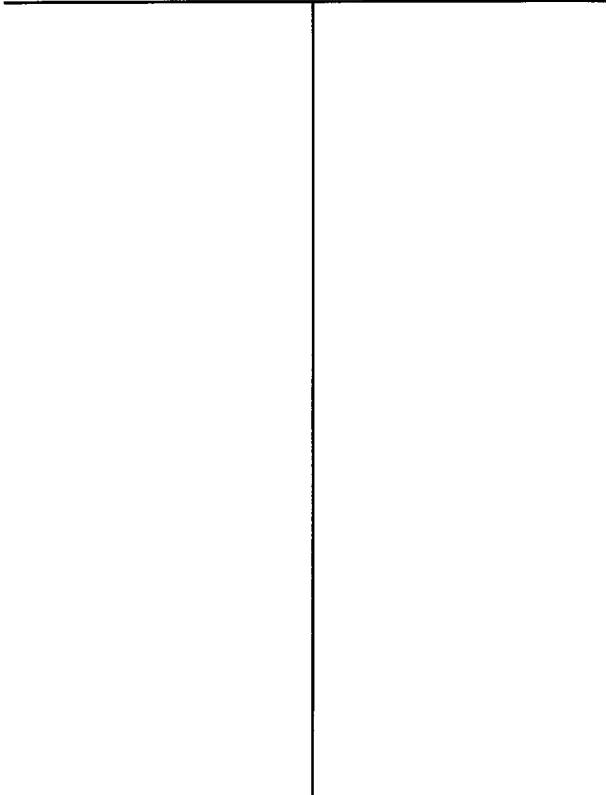
BY: OLWR

The sketch below only required for water wells.

If well telescopes, show depths on sketch.

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

Ground Level




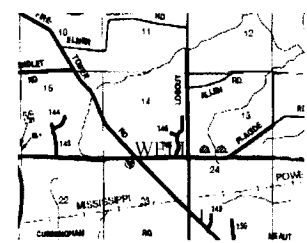
Description of Formations Encountered	From	To
TOP SOIL	0	5
YELLOW CLAY	5	15
CLAY & SAND STREAKS	15	90
SAND	90	120
SANDY CLAY	120	160
CLAY & SAND STREAKS	160	300
SAND	300	420
HARD SHALE	420	705
SAND & CLAY STREAKS	705	770
CLAY & SAND STREAKS	770	1080
SAND & LIGNITE (HARD & SOFT)	1080	1150
SANDY CLAY & SHALE	1150	1280
SAND & LIGNITE (SOFT)	1280	1340
HARD SHALE	1340	1360
SAND	1360	1480
SHALE & SAND STREAKS	1480	1500

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) a north arrow.

NORTH





NOT TO SCALE

Landowner's Name: HARRISON COUNTY BOARD OF SUPERVISORS

Form: OLWR-SWR-1A

I 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.

DAVE COOK
Print Name of Responsible Licensee and License No.

0-692
Date


Signature of Licensee

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BY: OLWR

State Well Report

Lobouy Road

County: HARRISON

Permit #: MS-GW-16672

Driller: LAYNE CHRISTENSEN

Date Completed: 12/7/2010

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
 Jackson, MS 39225-2309
 (601) 961-5210
 (601) 354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: JACO

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.

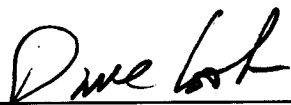
Well Owner Information	Well Location
Owner Name <u>HARRISON COUNTY BD OF SUPERVISORS</u>	Latitude: <u>N 30' 25.35</u> Longitude: <u>W 089' 15.33</u>
Mailing Address: <u>PO DRAWER C</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>GULFPORT</u> <u>MS</u> <u>39501</u>	USGS quad <input checked="" type="checkbox"/> Hand-Held GPS _____ Survey-grade GPS _____
City State Zip Code	<u>SE</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$ Sec <u>23</u> T <u>7 S</u> R <u>13 W</u>
Telephone No. (<u>228</u>) <u>865.4070</u>	Distance Direction Nearest Town
	_____ Miles <u>SOUTH</u> of <u>SAUCIER</u>

Pump Type Circle One	Power Type Circle One
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <input checked="" type="checkbox"/> Turbine	<input checked="" type="checkbox"/> Electric Motor <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>30</u>
Date Pump Installed: <u>12/7/2010</u>	Setting Depth: <u>157</u> feet
Rated Pump Capacity <u>275</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle One
Date Well Tested: <u>7/26/2011</u>	<input checked="" type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
Static Water Level (A): <u>60</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>8</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>52</u> Feet Below Land Surface	Well yielded <u>610</u> GPM with a drawdown of
Test Pumping Rate: <u>610</u> Gallons Per Minute	<u>52</u> feet after <u>8</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>8</u> hours	

This is for (circle one) New Well Replacement of Existing Pump Repair of Existing Pump

I hereby certify that the above statements are true to the best of my knowledge.

DAVE COOK 692 

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

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