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)961-5555
(601)961-5228 (fax)

County: Harrison
Permit #: 0239
Driller: mcGill pump twell
Date drilling completed: 7-12-17

For Office Use Only:
Well #: J423
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
(Landowner if borehole is not for a water well)

Owner Name: Stephen Hall
Mailing Address: 7254 Gardenia Pl
Pass Christian ms 39571
City State Zip Code
Telephone No. (228) 518-0140

Well or Borehole Location

Latitude: 30° 23' 30.28" Longitude: 89° 16' 23.53"
Method of Lat/Long (*check one*): Conventional Survey ____, USGS quad ____, Hand-held GPS ✓, Survey-grade GPS ____
1R ¼ NE ¼, Sec 35 T 7S R 13W
1.4 Miles (*Distance*) NE (*Direction*) of Delisle (*Nearest Town*)

Well / Borehole Data

Date drilling started: 7-11-17 Date drilling completed: 7-12-17 Hole depth: 680 Hole diameter: 4x2
Location of the source of any surface water used for drilling: well water
Method of dosing and volume of Chlorine used in drilling and development: NA
Logs run (check *all applicable*): ☐ log run ☐ Electric ☐ Gamma Ray ☐ Density ☐ Sonic ☐ Neutron Other: No Logs Run
Name of organization running log(s): NA
Purpose of borehole (check one): Water Well ☑ Geotechnical/Geological Investigation ☐ Ground Source Heat Pump ☐ Seismic Survey Other (*describe*) ____

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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: 70 feet [☐ above or ☑ below] land surface (check one) Date measured: 7-12-17
Method of measurement (check one) ☑ Steel tape ☐ Electric tape ☐ Air line ☐ Other (*describe*): ____
Well depth: 680 Well grouted to a depth of: 10 feet Type of grout (check one) ☐ Neat Cement ☐ Bentonite ☐ Mix
Casing length: 660 feet Casing diameter: 4x2 inches Type of casing: PVC
Screen length: 20 feet Screen diameter: 2 inches Type of screen: PVC
Screen slot size: .006 inches Setting depth: From 660 feet to 680 feet
Type of completion (check *all applicable*) ☐ ravel packed ☐ Underreamed ☐ Open hole ☑ Natural Development
Other (*describe*): ____
Top of lap pipe or reduction in casing: 220 feet

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

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

STATE WELL REPORT

County: Harrison
Permit #: 0239
Driller: McGill Pump Well
Date completed: 7-14-17
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) 360-0535 (fax)

For Office Use Only:
Well #: JA23
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

Owner Name: Stephen Hall
Mailing Address: 7254 Gardenia Pl
Pass Christian MS 39571
City State Zip Code
Telephone No. (228) 518-0140

Well Location

Latitude: 30 23 30.28 Longitude: 89 16 23.53 NAD
Method of Lat/Long (*check one*): Conventional Survey ____, USGS quad ____, Hand-held GPS ✓, Survey-grade GPS ____
IR ¼ NE ¼, Sec 35 T 7S R 13W
1.4 (Distance) Miles NE (Direction) of Delisle (Nearest Town)

Pump Type (check *one*)

Submersible ☑ Turbine ☐ Air Lift ☐ Centrifugal ☐ Flowing Well ☐ Jet ☐ Piston ☐ Rotary ☐ Other (*describe*): ____
Date Pump Installed: 7-14-17 Rated Pump Capacity: 10 Gallons Per Minute
Is This Pump (check *one*): ☑ New ☐ Repaired ☐ Replacement

Power Type (check *one*)

Electric ☑ Diesel ☐ Gasoline ☐ Natural Gas ☐ Tractor PTO ☐ Windmill ☐ Other (*describe*): ____
Horse Power Rating of Motor: 1 h.p Setting Depth: 140 feet Number of Stages: 10

Pump Test Data for Non Flowing Well

Date Well Tested: 7-14-17 Duration of Pump Test (*minimum 4 hours*): 4 hours
Static Water Level (A): 70 Feet Below Land Surface Pumping Water Level (B): 140 Feet Below Land Surface
Drawdown [(B) - (A)]: 5 Feet Below Land Surface Test Pumping Rate: 10 Gallons Per Minute
Method of measurement (check *one*): Steel tape ☑ Electric tape ☐ Air line ☐ Other (*describe*): ____

Pump Test Data for Flowing Well NA

Measured shut in head: ____ feet.
Well yielded ____ GPM with a drawdown of ____ feet after ____ hours of pumping

Meter Installation NA

Meter Manufacturer: ____ 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 (check *one*): ☐ New ☐ Repaired ☐ Replacement

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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.

Michael McGill Sr # 0239 — Print Name of Pump Installer and License No. (*if applicable*)
8/7/17 — Date
Signature of Pump Installer

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

County: Harrison

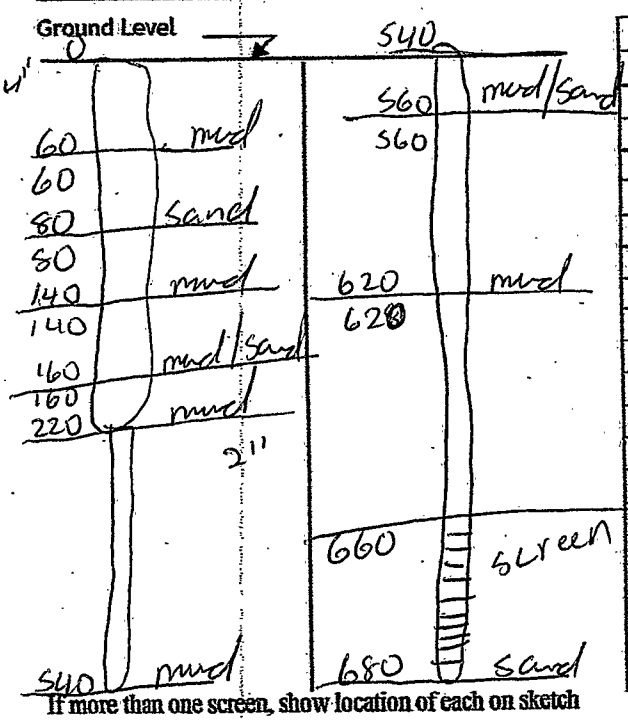
Permit #: 0239

For Office Use Only:

Well #: J423

The sketch below only required for water wells

If well telescopes, show depths on sketch.



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

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

Description of Formations Encountered	From (depth) Ground level	To (depth)
mud	0	60
sand	60	80
mud	80	140
sand / mud	140	160
mud	160	540
sand / mud	540	560
mud	560	620
sand	620	680

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) north arrow

See Back Page

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Landowner Name: stephen Hall

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.

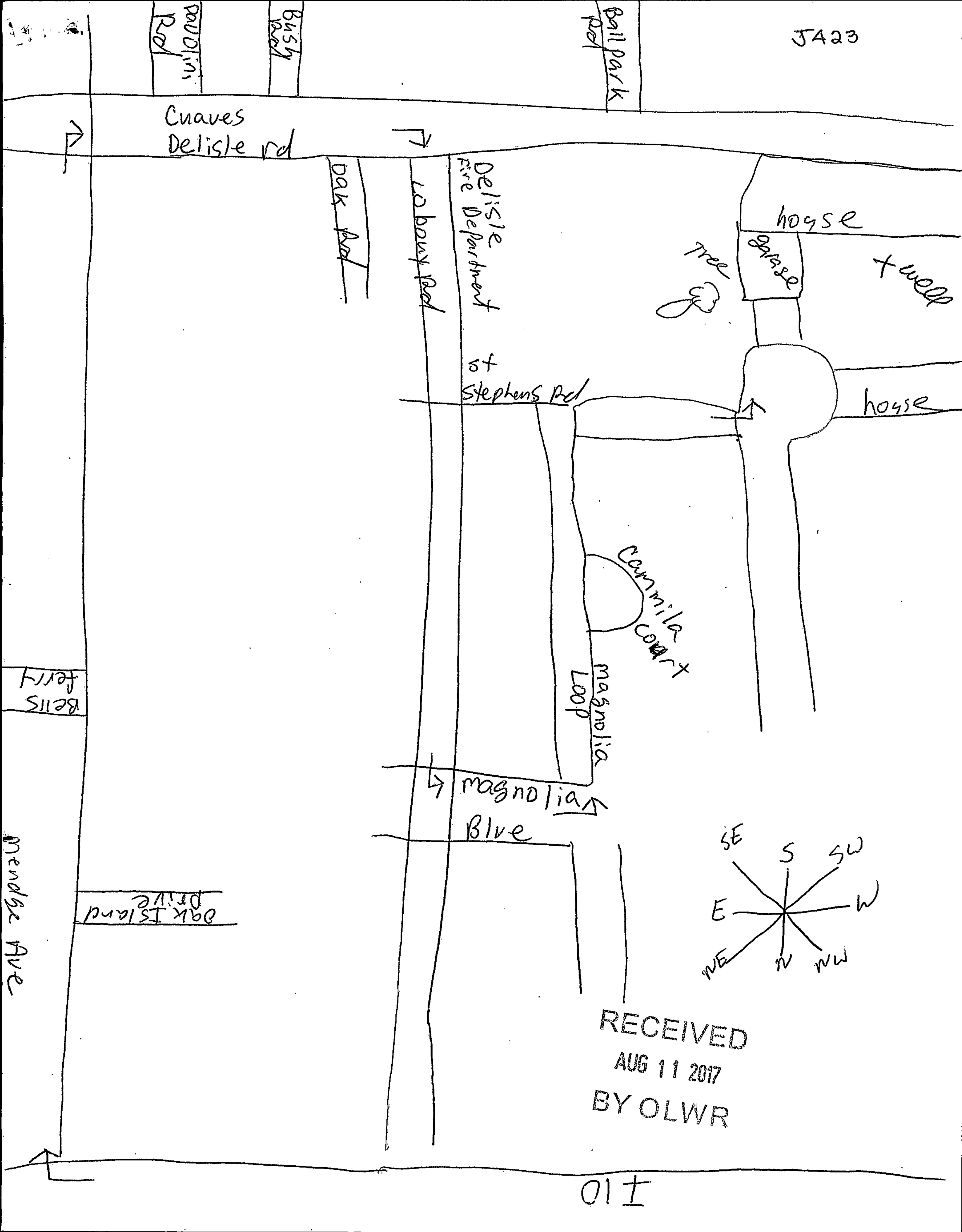
Michael Mitchell 824 0234 — Print Name of Responsible Licensee and License No.

8/7/17 — Date

Signature of Licensee

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

J423



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