County: Harrison
Permit #: 0239
Driller: mc Gill pump + well
Date drilling completed: 8-8-16

# 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)

**For Office Use Only:**
Well #: J436
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: Margret Baldock
Mailing Address: 25747 Elmer Ladner Rd
Pass christian MS 39571
City State Zip Code
Telephone No. (228) 669-2123

**Well or Borehole Location**

Latitude: 30° 26' 51.0" N Longitude: 89° 16' 18.85" W
Method of Lat/Long (*check one*): Conventional Survey____, USGS quad____, Hand-held GPS ✓, Survey-grade GPS____
NW ¼ SW ¼, Sec ~~E16~~ 11 T 7S R 13W
12 Miles North of Pass Christian
(*Distance*) (*Direction*) (*Nearest Town*)

**Well / Borehole Data**

Date drilling started: 8-8-16 Date drilling completed: 8-9-16 Hole depth: 480 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:
Logs run (*circle all applicable*): (No log run) Electric Gamma Ray Density Sonic Neutron Other:
Name of organization running log(s):
Purpose of borehole (*circle 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 (*circle 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: 80 feet [above or (below)] land surface (*circle one*) Date measured: 8-10-16
Method of measurement (*circle one*): (Steel tape) Electric tape Air line Other (*describe*):
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: .006 inches Setting depth: From 460 feet to 480 feet
Type of completion (*circle all applicable*): Gravel packed Underreamed 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***

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# STATE WELL REPORT

## 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)

County: Harrison
Permit #: 0239
Driller: mcbill pump well
Date completed: 8-8-16
*Copy information from block on Part 1*

**For Office Use Only:**
Well #: J436
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: Margret Baldock
Mailing Address: 25747 Elmer Ladner Rd
Pass christian MS 39571
City State Zip Code
Telephone No. (228) 669-2123

**Well Location**

Latitude: 30° 26' 51.08" N Longitude: 89° 16' 18.85" W
Method of Lat/Long (*check one*): Conventional Survey_____, USGS quad_____, Hand-held GPS ✓, Survey-grade GPS_____
NW ¼ SW ¼, Sec ~~Etc~~ 11 T 7S R 13W
12 Miles North of Pass christian
(Distance) (Direction) (Nearest Town)

**Pump Type** (*circle one*)

(Submersible) Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (*describe*): _____
Date Pump Installed: 8-10-16 Rated Pump Capacity: 20 Gallons Per Minute
Is This Pump (*circle one*): (New) Repaired Replacement

**Power Type** (*circle 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: 9

**Pump Test Data for Non Flowing Well**

Date Well Tested: 8-9-16 Duration of Pump Test (*minimum 4 hours*): 4 hours
Static Water Level (A): 80 Feet Below Land Surface Pumping Water Level (B): 140 Feet Below Land Surface
Drawdown [(B) - (A)]: 5 Feet Below Land Surface Test Pumping Rate: 50 Gallons Per Minute
Method of measurement (*circle one*): (Steel tape) Electric tape Air line Other (*describe*): _____

**Pump Test Data for Flowing Well**

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

**Meter Installation**

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 (*circle one*): New Repaired Replacement

***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.***

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

Michael McBill Sr # 0239 8/25/16 [signature]
Print Name of Pump Installer and License No. (*if applicable*) Date Signature of Pump Installer

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

County: Harrison

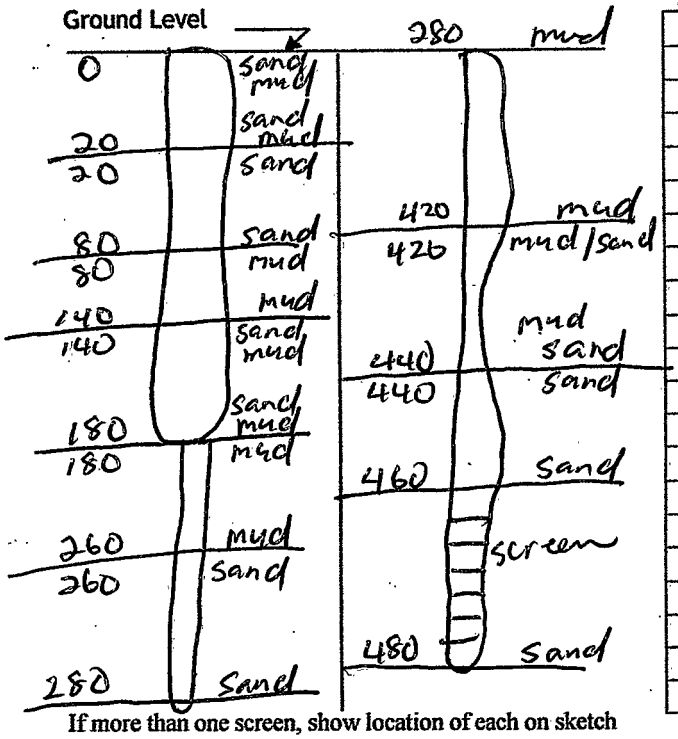
Permit #: 0239

**For Office Use Only:**

Well #: JA36

***The sketch below only required for water wells***

***If well telescopes, show depths on sketch.***



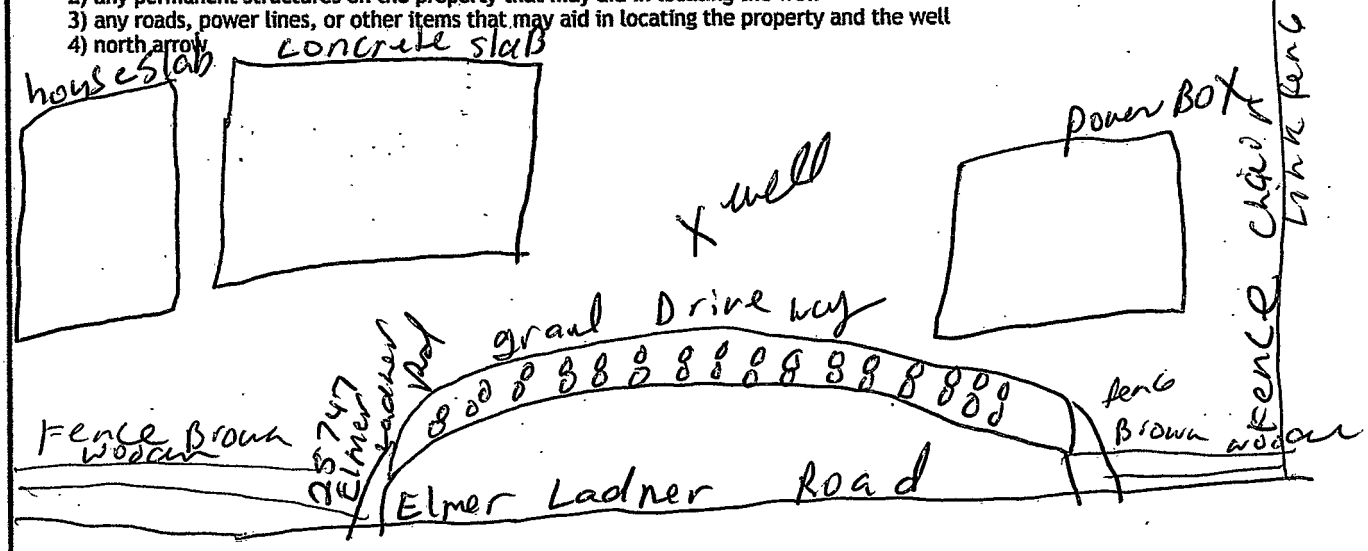

If more than one screen, show location of each on sketch

***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) |
|---|---|---|
| Sand / mud | 0 | 20 |
| sand | 20 | 80 |
| mud | 80 | 140 |
| Sand / mud | 140 | 180 |
| mud | 180 | 260 |
| sand | 260 | 280 |
| mud | 280 | 420 |
| mud / sand | 420 | 440 |
| sand | 440 | 480 |

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




Landowner Name: margret Baldock

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 Merrill Statt 0239 — Print Name of Responsible Licensee and License No.

8/25/16 — Date

Signature of Licensee

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