

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 #: K 452
Aquifer: _____
E-Log #: _____

County: Harrison
Permit #: _____
Driller: David Brewer Drilling
Date drilling completed: 6/25/15

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: <u>Chuck + Shannon Walls</u> Mailing Address: <u>23564 Stablewood Circle Lot #1</u> <u>Pass Christian MS 39571</u> City State Zip Code Telephone No. (____) _____	<u>30 23 42</u> Well or Borehole Location <u>89 14 21</u> Latitude: <u>N 30° 23.714'</u> Longitude: <u>W 89° 14.361'</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ <u>NW ¼ NW ¼, Sec 31 T 7 S R 12 W</u> _____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)
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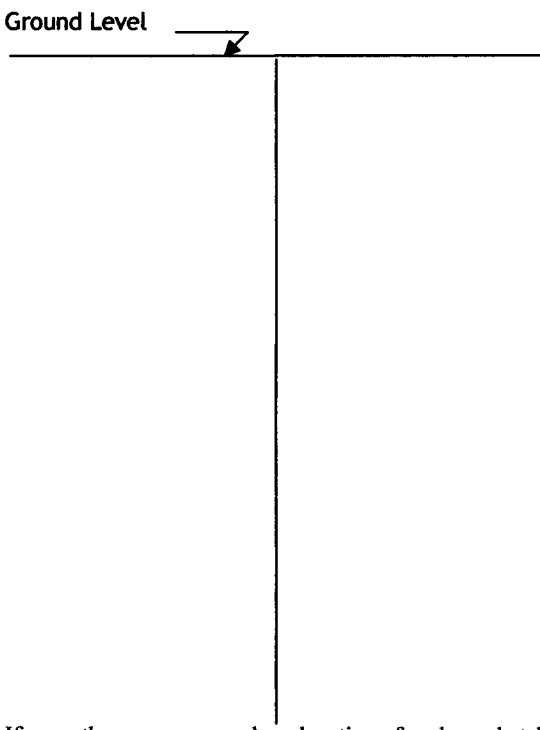
Well / Borehole Data Date drilling started: <u>6/20/15</u> Date drilling completed: <u>6/25/15</u> Hole depth: <u>230'</u> Hole diameter: <u>4"</u> Location of the source of any surface water used for drilling: <u>N/A</u> Method of dosing and volume of Chlorine used in drilling and development: <u>N/A</u> Logs run (circle all applicable): <input checked="" type="radio"/> No log run <input type="radio"/> Electric <input type="radio"/> Gamma Ray <input type="radio"/> Density <input type="radio"/> Sonic <input type="radio"/> Neutron <input type="radio"/> Other: _____ Name of organization running log(s): _____ Purpose of borehole (circle one): Water Well <input type="radio"/> Geotechnical/Geological Investigation <input type="radio"/> <input checked="" type="radio"/> Ground Source Heat Pump <input type="radio"/> Seismic Survey <input type="radio"/> Other (describe) _____ <i>If drilling is not related to water well construction, skip the remainder of this block</i> Purpose of Well (circle all applicable): <input checked="" type="radio"/> Home <input type="radio"/> Industrial <input type="radio"/> Public Supply <input type="radio"/> Irrigation <input type="radio"/> Fish Culture Other (describe): <u>Geothermal</u> If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ Static Water Level: _____ feet [above or below] land surface Date measured: _____ (circle one) Method of measurement (circle one): Steel tape <input type="radio"/> Electric tape <input type="radio"/> Air line <input type="radio"/> Other (describe) _____ Well depth: _____ Well grouted to a depth of: _____ feet Type of grout (circle one): Neat Cement <input type="radio"/> Bentonite <input type="radio"/> Mix _____ Casing length: _____ feet Casing diameter: _____ inches Type of casing: _____ Screen length: _____ feet Screen diameter: _____ inches Type of screen: _____ Screen slot size: _____ inches Setting depth: From _____ feet to _____ feet Type of completion (circle all applicable): Gravel packed <input type="radio"/> Underreamed <input type="radio"/> Open hole <input type="radio"/> Natural Development <input type="radio"/> Other (describe): _____ Top of lap pipe or reduction in casing: _____ feet <i>If telescoped or more than one screen, describe on next page</i>	
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Form: OLWR-SWR-1A (4/13)

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 Permit #: _____

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 Well #: K 452

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

Description of Formations Encountered	From (depth)	To (depth)
0	Ground level	
10		
20		
30		
40		
50		
60		
70		
80		
90		
100		
110		
120		
130		
140		
150		
160		
170		
180		
190		
200		

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

210
220
230

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 the attached map

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Landowner Name: Chuck and Shannon Walls

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.

David Brewer RG10-00006360 6/25/15 David Brewer
 Print Name of Responsible Licensee and License No. Date Signature of Licensee