State W	/ell Report	
Part 1 - Driller's Log For Office Use Only:		
Mississippi Departmen	nt of Environmental Quality Aquifer:	
office of Euro	and Water Resources Well #:	
	4G 20200 0C21	
	AS 39289-0031 L. S. Elevation:	
	4-6938 (fax) E-log #:	
State Law requires that this report be prepared by the lic	ansa halden responsible for the work and filed with the	
Department at the above address within 30 days of comp	ense notaer responsible for the work and fued with the pletion of drilling of the well or borehole.	
Information on Well Owner	Well or Borehole Location	
(Landowner if borehole is not for a water well)	Latitude: 30 ° 27 , 18,83 "N Longitude: 89 ° 9 , 47, 39 "W	
Owner Name Pat Simmons		
Mailing Address: NW Dwelling NO	Method of Lat/Long (circle one): Conventional Survey,	
address	USGS quad, Hand-held GPS, Survey-grade GPS Why Sec 12 W	
City State Zip Code	Distance Direction Nearest Town S. 9 Miles W of Gulf Port	
Telephone No. (28) 265-1159		
Well / Bore	chole Data	
Date drilling started: 6-16-16 Date drilling completed: 6-16		
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 (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump		
Seismic Survey Other (describe	2)	
If drilling is not related to water well construction		
Purpose of Well (check one): Home / Industrial Public Supply Irrigation Fish Culture Other:		
If a flowing well, method of flow regulation: Valve Other (describe) Back wash walke		
Static Water Level: 80 feet above on below (circle one) land surface Date measured: 6-16-16		
Method of Measurement (circle one) steel tape electric tape air line other:		
Well depth: 220 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix		
Casing length: 200 feet Casing diameter: 4 12 inches Type of casing: puc		
Screen length: 20 feet Screen diameter: 3 inches Type of screen: 0vc		
Screen slot size: 000 inches Setting depth: From 200 feet to 220 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: 120 feet. If te	lescoped or more than one screen, describe on next page	
	Form: Time Call College (1)	

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The shoot below only needed for water well

Description of formations arconnected must be remided for all reals and hambels, unless macifically commend by remission

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/2D 120	Y	mel/so	d	•
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200	其	creen	•	
320	5_3	and_	-	,

Description of Pormations Reconstrued	From (depth)	To (depth)
	Ground Level	
mud Isand Sand	0	80
mud Isand	80	120
Sand	120	12201
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if more than one screen, show location of each on sketch

Sketch the property layout and include the following aid in locating the well; 3) any seads,	ng: 1) the well location; , power lines, or other it	HAR THE MAY MG IN LOCA	ing and brokers on	that may d the well;
4) a sorth arrow.	Y well	Ahouse		
·	•	•		
Leadowser Name: Pat Simi	mons	*		
			Form	n: OLWR-SWR-1/

I cortify that the well/berehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mindeshopi Department of Environmental Quality and the Mindeshopi Department of Realth regulations, if applicable, and state laws.

Microsoft Microsoft Department of Environmental License No.

Date: Name of Removalible License and License No.

Date: Signature of License of License and License No.

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STATE W	ELL REPORT
Comptus N.C.C.C.L.(C) [7]	Part 2 For Office Use Only:
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	r's Completion Report ent of Environmental Quality Aquifer:
	ent of Environmental Quality d and Water Resources
). Box 10631 , MS 39289-0631 Well #:
Date completed: 60	1)961-5210
Copy information from block on Part 1 (601):	354-6938 (fax)
This part of the report must be completed by a licensed water we report must be attached and both parts filed with the Departmen	ll contractor or a licensed pump installer. A copy of Part 1 of the t the above address within 30 days of well completion.
Well Owner Information	Well Location
Owner Name: Dat Simmons	Latitude: 30 27 18:83 Longitude: 89 9 47.39
Mailing Address: New Durelly	Method of Lat/Long (check one): Conventional Survey,
no adaress	USGS quad, Hand-held GPS, Survey-grade GPS
	- 4 Sec 15 16 T 75 R 12W
City State Zip Code	Distance Direction Nearest Town
Telephone No. (228) 265-1159	8.9 Miles W of Gulffort
	Power Type
Pump Type Circle onc	Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify):
Other (specify):	Horse Power Rating of Motor: 1 h. p
Date Pump Installed: 6-16-16	Setting Depth: 120 feet
Rated Pump Capacity: O Gallons Per Minute	Number of Stages:
Pamp Test Data	Method of Measuring Water Level
	Circle one
Date Well Tested: 6-16-16	Air Line Electric Measuring Line Steel Tapo
Static Water Level (A): 80 Feet Below Land Surface	Other (specify):
Pumping Water Level (B): 120 Feet Below Land Surface Drawdown [(B) - (A)]: Feet Below Land Surface	For flowing well, measured shut in head:feet
	Well yielded GPM with a drawdown of
Test Pumping Rate: 20 Gallons Per Minute	Well yieldedGPM with a diawdown of
Duration of Pump Test (minimum 4 hours):hours	t U feet after 1 nours or pumping
	Receive
I HEREBY CERTIFY that the above statements are true to the be	st of my knowledge.
Manuel minds 82 #0239	V 111 25 201
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer Form: OI WR-SWR-1B

JUL 2 5 2016 Form: OLWR-SWR-18 By OLWF