

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)

For Office Use Only:

Well #: KA62
Aquifer: _____
E-Log #: _____

County: Harrison
Permit #: 0239
Driller: McBil Pump Well
Date drilling completed: 9-6-17

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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Phillip Hillman</u>	Latitude: <u>30°19'41.60" N</u> Longitude: <u>89°24'37.73" W</u>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____
<u>4098 Indiana St</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Bay St Louis MS 39520</u>	<u>1R 1/4 SE 1/4, Sec 21 40 T 85 S R 14 W</u>
City _____ State _____ Zip Code _____	<u>5.3</u> Miles <u>North East</u> of <u>Waveland</u>
Telephone No. <u>(601) 794-7007</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>9-4-17</u> Date drilling completed: <u>9-6-17</u> Hole depth: <u>380</u> Hole diameter: <u>4x2</u>
Location of the source of any surface water used for drilling: <u>well water</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>NA</u>
Logs run (check all applicable): <input type="checkbox"/> log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: <u>NO LOG RUN</u>
Name of organization running log(s): <u>NA</u>
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (check all applicable): <input checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) <u>Back wash valve</u>
Static Water Level: <u>5</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface Date measured: <u>9-6-17</u> <small>(check one)</small>
Method of measurement (check one) <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>380</u> Well grouted to a depth of: _____ feet Type of grout (check one) <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>360</u> feet Casing diameter: <u>4x2</u> inches Type of casing: <u>PVC</u>
Screen length: <u>20</u> feet Screen diameter: <u>2"</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>.006</u> inches Setting depth: From <u>360</u> feet to <u>380</u> feet
Type of completion (check all applicable) <input type="checkbox"/> gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input checked="" type="checkbox"/> Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: <u>160</u> feet

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

RECEIVED
SEP 29 2017

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)

For Office Use Only:

Well #: K462
Aquifer: _____

County: Harrison
Permit #: 0239
Driller: McGill Pump Well
Date completed: 9-8-17
Copy information from block on Part 1

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>Phillip Hillman</u>	Latitude: <u>30°19' 41.60" N</u> Longitude: <u>89°24' 37.73" W</u>
Mailing Address: <u>4098 Indiana St</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Bay St</u> <u>20415</u> <u>MS</u> <u>39520</u>	<u>1R 1/4 SE 1/4, Sec 21 40T85 R14W</u>
City State Zip Code	<u>5.3</u> Miles <u>North East</u> of <u>Waukegan</u>
Telephone No. <u>(601) 794-7007</u>	(Distance) (Direction) (Nearest Town)

Pump Type (check one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 9-8-17 Rated Pump Capacity: 7 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 Setting Depth: 25 feet Number of Stages: 2

Pump Test Data for Non Flowing Well

Date Well Tested: 9-8-17 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 5 Feet Below Land Surface Pumping Water Level (B): 25 Feet Below Land Surface

Drawdown [(B) - (A)]: 0 Feet Below Land Surface Test Pumping Rate: 7 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: RECEIVED

Meter Model Number/Name: _____ Type of Meter: _____

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): SEP 29 2017

Installation Date: _____ Meter installed by: _____

Is This Meter (check 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.

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

McGill Pump Well #0239 9/15/17 [Signature]

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

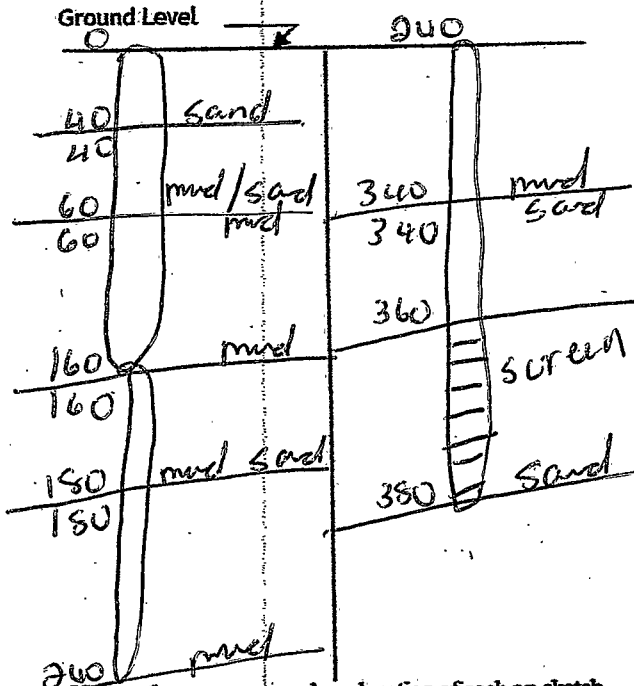
County: Harrison
 Permit #: 0239

For Office Use Only:
 Well #: K462

The sketch below only required for water wells

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

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
	Ground level	
Sand	0	40
mud/sand	40	60
mud	60	160
mud/sand	160	180
mud	180	340
sand	340	380

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) north arrow

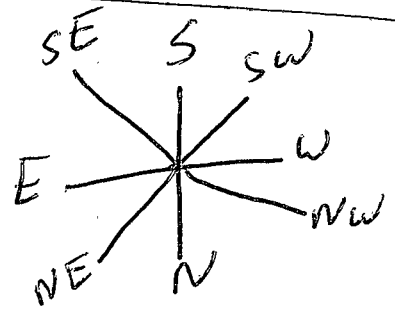
RECEIVED
 SEP 29 2017

Landowner Name: Phillip Hillman

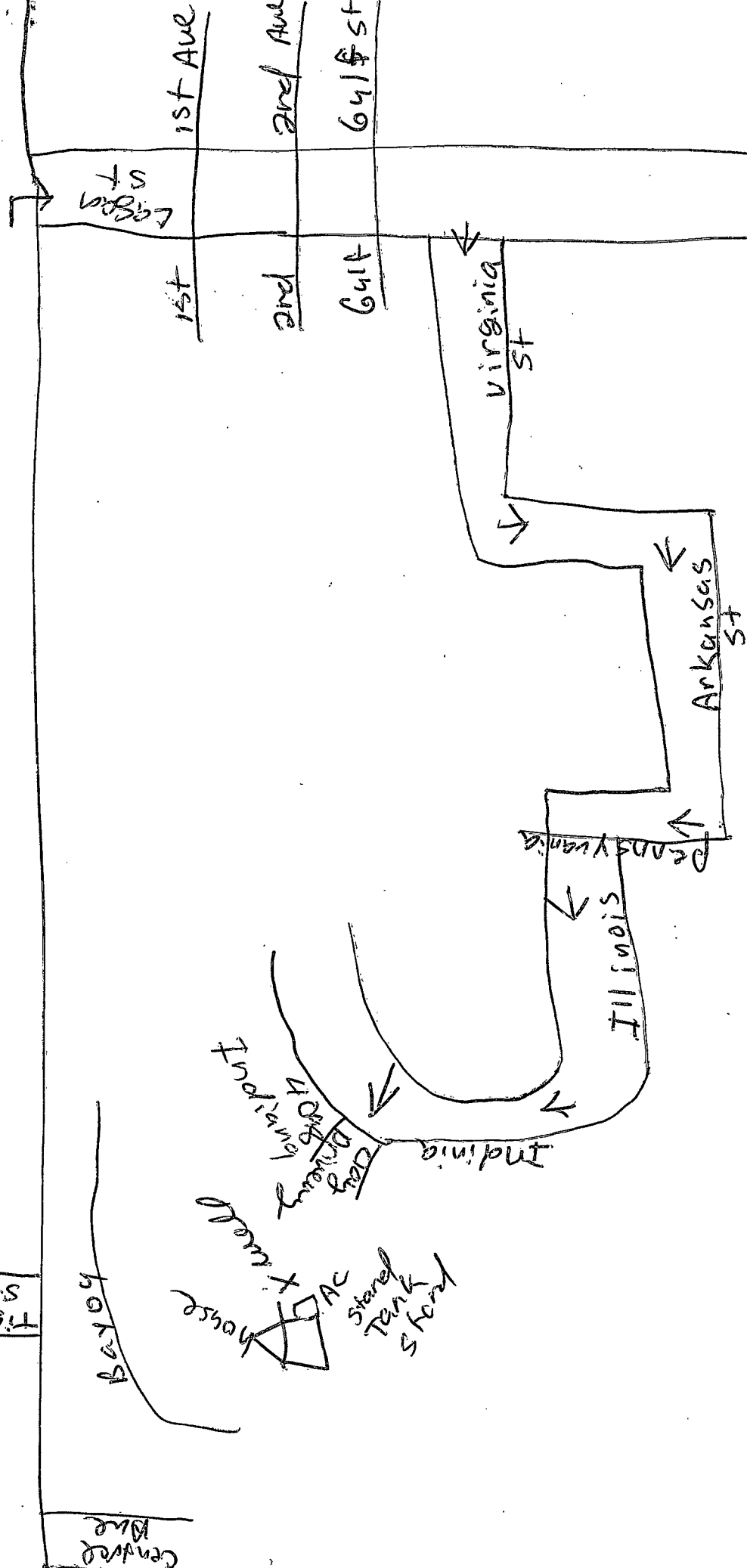
I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Michael McCall #0229 9/15/17 _____
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

K462
Harrison Co



Highway 603



RECEIVED
SEP 29 2017
BY OLWR