

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 #: K463
Aquifer: _____
E-Log #: _____

County: Harrison
Permit #: 0239
Driller: McGill pump well
Date drilling completed: 10-12-16

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>John Bryant</u>	Latitude: <u>30° 23' 50.42"</u> Longitude: <u>89° 11' 28.56"</u>
Mailing Address: <u>7541 Red Creek Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Long Beach MS 39560</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 NE 1/4, Sec 19 T 75 S R 12 W</u>
Telephone No. <u>(228) 452-3016</u>	<u>8.1</u> Miles <u>west</u> of <u>Gulfport</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>10-11-16</u> Date drilling completed: <u>10-12-16</u> Hole depth: <u>420</u> Hole diameter: <u>4x2</u>
Location of the source of any surface water used for drilling: <u>water well</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>NA</u>
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____
Name of organization running log(s): <u>NA</u>
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump
Seismic Survey 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="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</u>
Static Water Level: <u>30</u> feet [above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>10-14-16</u>
Method of measurement (circle one): <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line Other (describe): _____
Well depth: <u>420</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite Mix
Casing length: <u>400</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>400</u> feet to <u>420</u> feet
Type of completion (circle all applicable): 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
<i>If telescoped or more than one screen, describe on next page</i>

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BY OLWR

The first part of the document discusses the general principles of the system. It outlines the objectives and the scope of the project. The second part describes the methodology used in the study, including the data collection and analysis techniques. The third part presents the results of the study, which show a significant improvement in the system's performance.

The results of the study are presented in detail. The first section shows the overall performance metrics, which are compared against the baseline. The second section provides a detailed analysis of the individual components of the system. The third section discusses the implications of the findings and the potential applications of the system. The fourth section concludes the study and provides recommendations for future research.

The study concludes that the proposed system is a viable solution for the problem at hand. It offers a number of advantages over existing solutions, including improved performance and reduced complexity. The study also identifies some limitations of the system and suggests ways to address them. Finally, the study provides a number of recommendations for future research, which will help to further refine the system and make it more widely applicable.

In conclusion, the study has shown that the proposed system is a promising approach to solving the problem. It offers a number of advantages over existing solutions and has the potential to be widely adopted. The study also identifies some limitations of the system and suggests ways to address them. Finally, the study provides a number of recommendations for future research, which will help to further refine the system and make it more widely applicable.

The authors would like to thank the following people for their assistance and support during the course of the study: [Names of individuals].

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 #: K463
Aquifer: _____

County: Harrison
Permit #: 0239
Driller: MLB: 11 Pump the well
Date completed: 10-12-16
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>John Bryant</u>	Latitude: <u>30° 23' 50.42" N</u> Longitude: <u>89° 11' 28.56" W</u>
Mailing Address: <u>7541 Red Creek Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Long Beach</u> <u>MS</u> <u>39560</u>	<u>NE 1/4 NE 1/4, Sec 33 T 75 R 12W</u>
City State Zip Code	<u>8.1</u> Miles <u>West</u> of <u>Gulfport</u>
Telephone No. <u>(228) 452-3016</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 10-14-16 Rated Pump Capacity: 30 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 1/2 Setting Depth: 80 feet Number of Stages: 10

Pump Test Data for Non Flowing Well

Date Well Tested: 10-12-16 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 30 Feet Below Land Surface Pumping Water Level (B): 80 Feet Below Land Surface

Drawdown [(B) - (A)]: 5 Feet Below Land Surface Test Pumping Rate: 45 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.

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

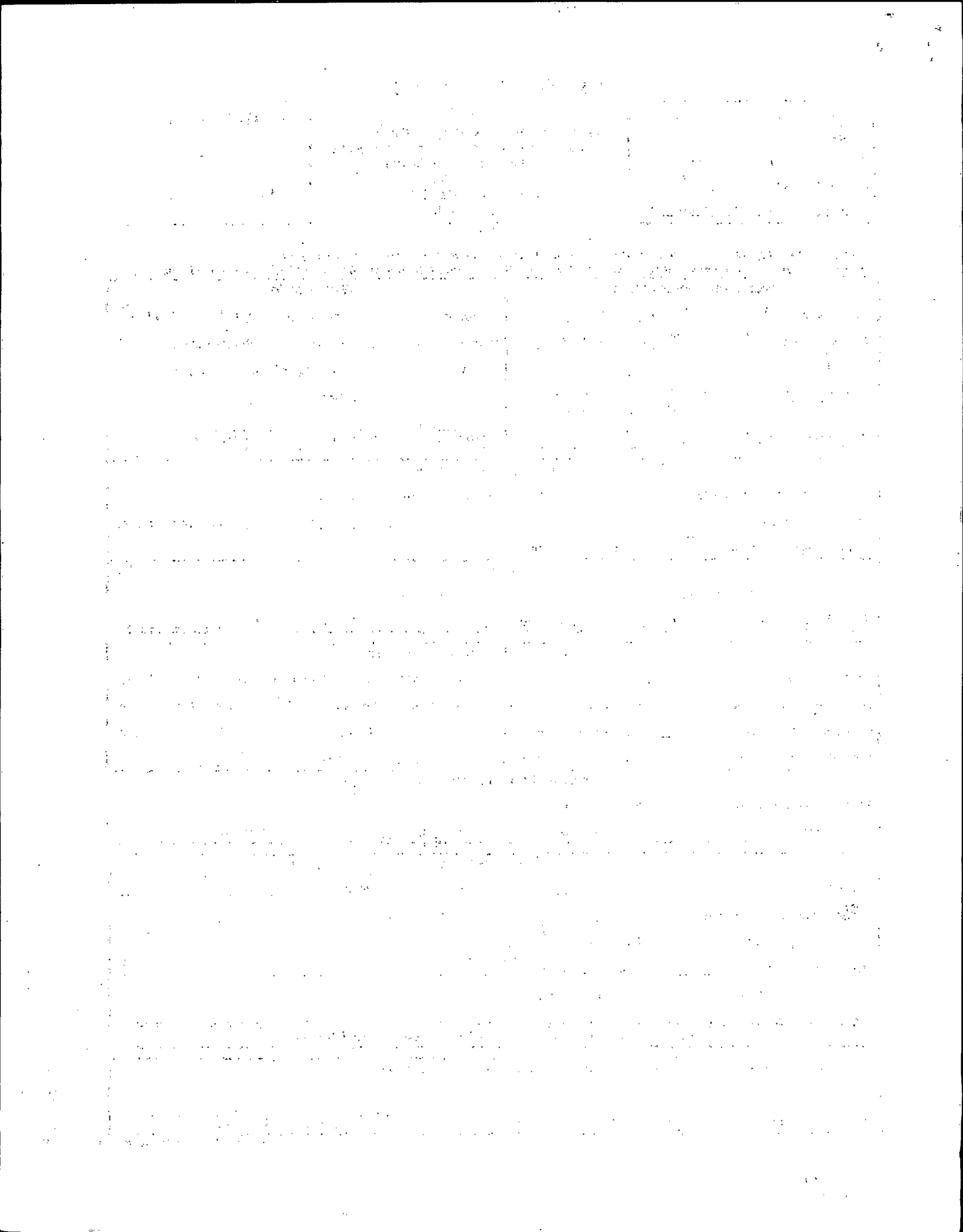
Michael McNeil 81-#0239 11/16/16 [Signature]

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

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County: Harrison

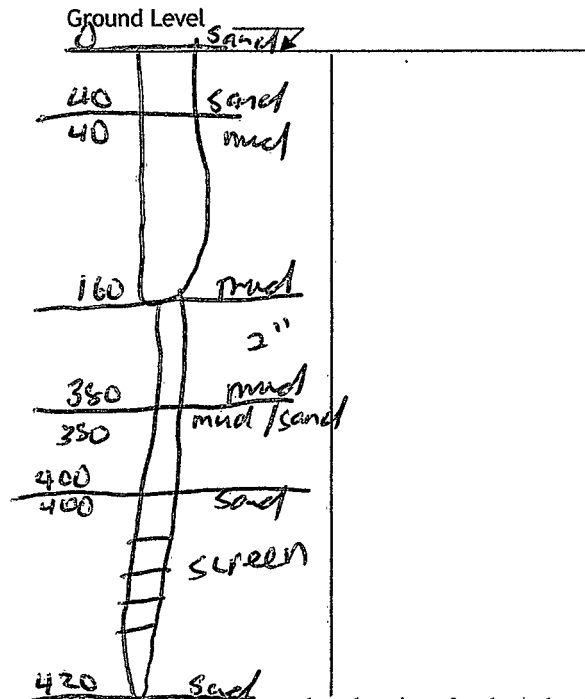
Permit #: 0239

For Office Use Only:

Well #: K463

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	0	40
mud	40	350
mud/sand	350	400

- 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

Landowner Name: John Bryant

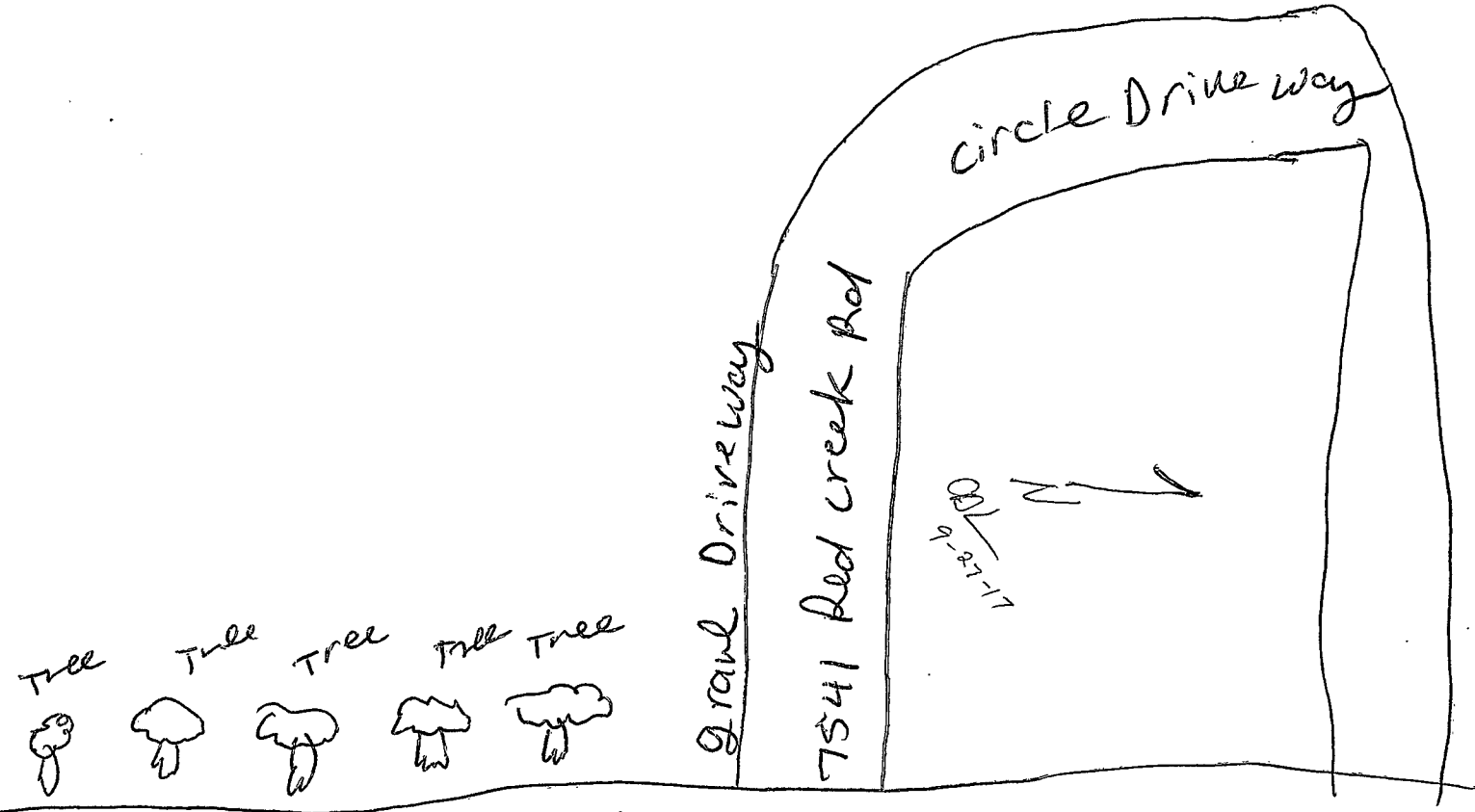
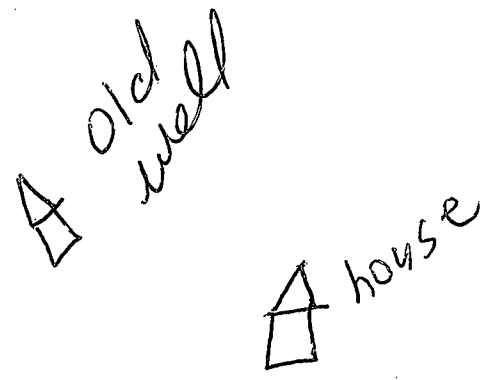
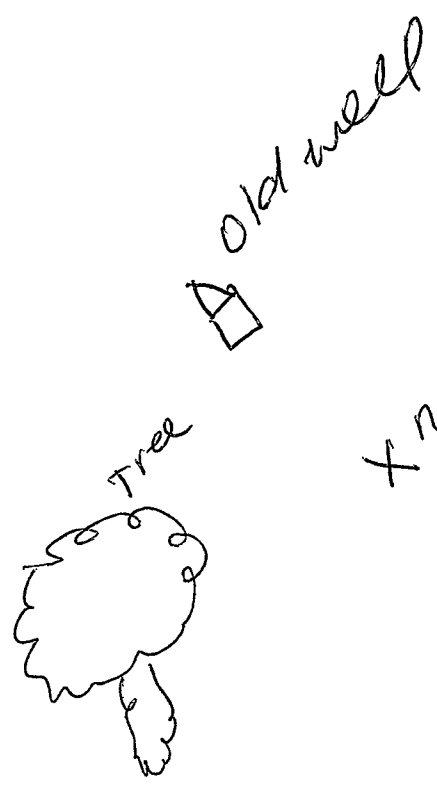
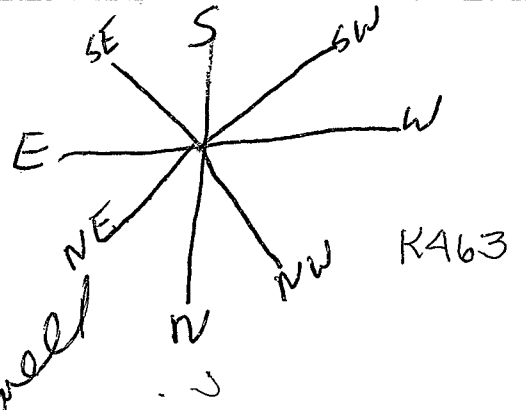
I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Michael McNeil SR # 0239 11/6/16
Print Name of Responsible Licensee and License No. Date

[Signature]
Signature of Licensee


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Red creek Rd

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 Jordan
Hair
Studio

Jone mill Rd