

County: Harrison
 Permit #: _____
 Driller: 0-785
 Date drilling completed: 2-5-17

State Well Report
Part I - Driller's Log

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: K466
 L. S. Elevation: _____
 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.

| | |
|---|---|
| <p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name <u>Mr. Melancon</u> Mailing Address: <u>11220 Bayou Bernard Rd. Gulfport MS 39503</u> City State Zip Code Telephone No. () _____</p> | <p>Well or Borehole Location</p> <p>Latitude: <u>30.447405</u> Longitude: <u>89.157032</u> <u>30-26-51</u> <u>89-09-04</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS <u>NW 1/4 SW 1/4 Sec 12 Twn 7S Rng 12W</u> Distance Direction Nearest Town _____ Miles _____ of _____</p> |
|---|---|

Well / Borehole Data

Date drilling started: 7-5-17 Date drilling completed: 7-5-17 Hole depth: 220' Hole diameter: 5"

Location of the source of any surface water used for drilling: _____
 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) _____

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check one): Home Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 70 feet above or below (circle one) land surface Date measured: 7-5-17
 Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 220 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 200 feet Casing diameter: 3 inches Type of casing: PVC
 Screen length: 20 feet Screen diameter: 2 inches Type of screen: PVC
 Screen slot size: 1006 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: _____ 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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: Harrison
 Permit #: _____
 Driller: P-759
 Date completed: 2-6-17
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: K466
 Elevation: _____

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>Mr. Melancon</u> | <u>30-26-51</u> Well Location <u>89-09-04</u> |
| Mailing Address: <u>11220 Bayou Bernard Rd</u> | Latitude: <u>30.447405</u> Longitude: <u>89.151072</u> |
| <u>Gulfport MS 39503</u> | Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ |
| City State Zip Code | <u>NW 1/4 SW 1/4 Sec 12 T 75 R 12W</u> |
| Telephone No. () _____ | Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____ |

| Pump Type Circle one | Power Type Circle one |
|--|---|
| Air Lift Jet <input type="checkbox"/> <u>Submersible</u> <input checked="" type="checkbox"/> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine <input type="checkbox"/> <u>Electric Motor</u> <input checked="" type="checkbox"/> | Hand Tractor PTO |
| Centrifugal Rotary Flowing Well <input type="checkbox"/> | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>1</u> |
| Date Pump Installed: <u>2-6-17</u> | Setting Depth: <u>100</u> feet |
| Rated Pump Capacity: <u>15</u> Gallons Per Minute | Number of Stages: _____ |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|--|
| Date Well Tested: <u>2-6-17</u> | Air Line Electric Measuring Line <u>Steel Tape</u> <input checked="" type="checkbox"/> |
| Static Water Level (A): <u>70</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>100</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>30</u> Feet Below Land Surface | Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping |
| Test Pumping Rate: <u>15</u> Gallons Per Minute | |
| Duration of Pump Test (minimum 4 hours): <u>24</u> hours | |

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

REGGIE PETERMAN P759 Reggie Peterman
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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