

### State Well Report

#### Part 1 - Driller's Log

Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2307  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

County: Harrison  
 Permit # MS-60-16586  
 Driller: Michael Wells  
 Date drilling completed: 6-6-09

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: L758  
 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.*

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Harrison County Utility Authority</u> Mailing Address: <u>90 A. Garner Russell &amp; Associates</u> <u>P.O. Box 1677</u> <u>Gulfport MS 39502</u> City State Zip Code Telephone No. <u>(228) 863-0667</u>	Latitude: <u>N 30° 21' 34"</u> Longitude: <u>W 89° 07' 33"</u> Method of Lat/Long (circle one): Conventional Survey, <u>USGS quad, (Hand-held GPS) Survey-grade GPS</u> <u>1/4 1/4 Sec 7 Twn 8 S Rng 11 W</u> Distance Direction Nearest Town _____ Miles _____ of <u>Gulfport</u> <u>West Railroad Ave.</u>

**Well / Borehole Data**

Date drilling started: 6-6-09 Date drilling completed: 7-24-09 Hole depth: 1019' Hole diameter: 27"

Location of the source of any surface water used for drilling: Fire Hydrant 2" Line  
 Method of dosing and volume of Chlorine used in drilling and development: 12 gallons

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_  
 Name of organization running log(s): MS Office of Geology

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) A/A

Static Water Level: 43.5 feet above or below (circle one) land surface Date measured: 7-24-09

Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Well depth: 975' Well grouted to a depth of \_\_\_\_\_ feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 875 feet Casing diameter: 16 inches Type of casing: coated steel

Screen length: 70 feet Screen diameter: 10" inches Type of screen: Stainless Steel

Screen slot size: .020 inches Setting depth: From 900 feet to 970 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development  
 Other (describe): \_\_\_\_\_

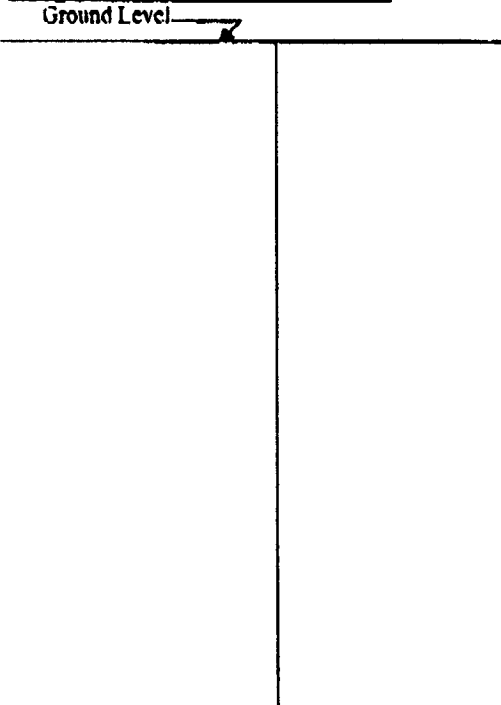
Top of tap pipe or reduction in casing: 790' feet *If telescoped or more than one screen, describe on next page*

L 758

The sketch below only required for water wells.

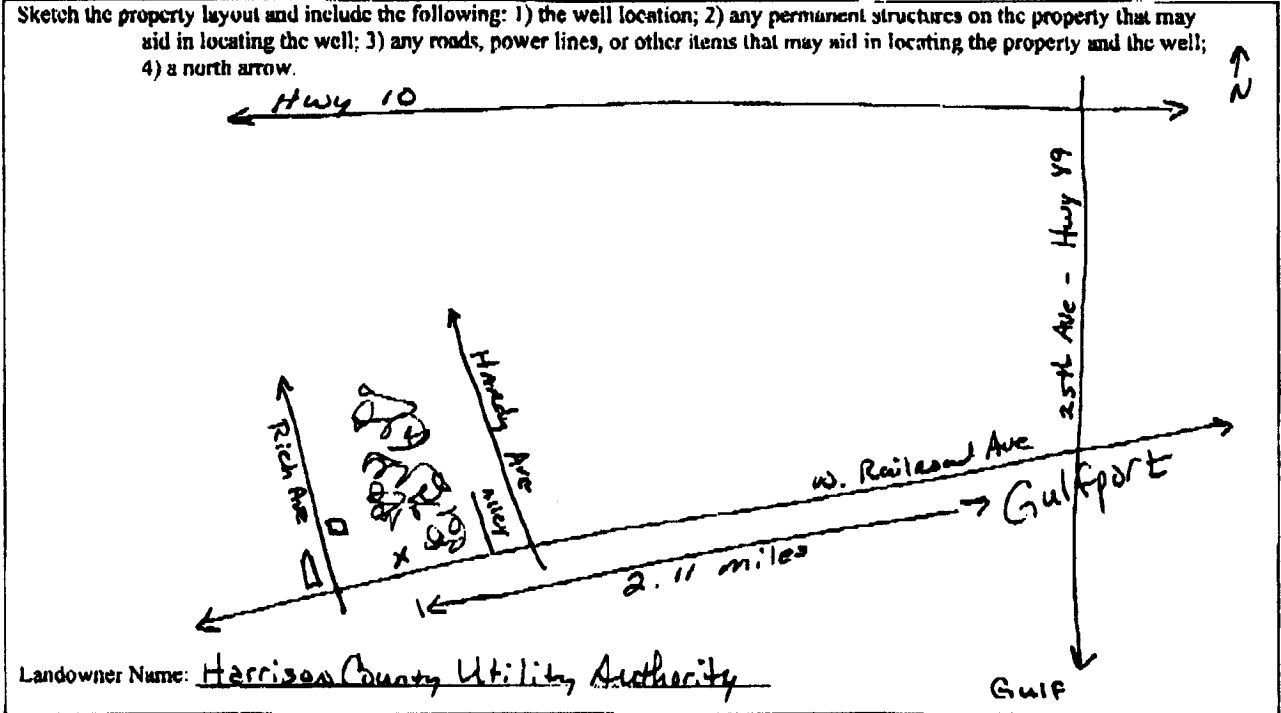
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations.

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Clay w/ Sand STKs	Ground Level	92
Sand	92	102
Blue Clay	102	243
Clay w/ Sand STKs	243	272
Sand	272	291
Sandy Clay w/ Sand STKs	291	352
Hard Sandy Clay	352	446
Hard Clay w/ Sand STKs	446	600
Sand	600	745
Sand w/ Clay STKs	745	885
Sand	885	980
Fine Hard Sand	980	1019

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



Landowner Name: Harrison County Utility Authority

Form: OLWR-SWR-1A (04/08)

I 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.

Clayton Miller      0-703      8-29-09      Clayton Miller

Print Name of Responsible Licensee and License No.      Date      Signature of Licensee

# 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  
 (601)961-5210  
 (601)961-5228 (fax)

County: Harrison  
 Permit # \_\_\_\_\_  
 Driller: John Rybolt IV  
 Date completed: 10-8-09  
 Copy information from block on Part 1

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well # L 758  
 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>Harrison County Utility Authority</u>	Latitude: <u>N30° 21' 34"</u> Longitude: <u>W89° 07' 33"</u>
Mailing Address: <u>% A. Garner Russell &amp; Associates</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>P. O. Box 1677</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Gulfport MS 39502</u>	<u>1R</u> $\frac{1}{2}$ <u>IR</u> $\frac{1}{2}$ Sec <u>7</u> T <u>8S</u> R <u>11W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(228) 863-0667</u>	_____ Miles _____ of <u>Gulfport</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>100 hp</u>
Date Pump Installed: <u>10-8-09</u>	Setting Depth: <u>180</u> feet
Rated Pump Capacity: <u>1000</u> Gallons Per Minute	Number of Stages: <u>6</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-15-09</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>41</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>126</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown (B) - (A): <u>85</u> Feet Below Land Surface	Well yielded <u>1048</u> GPM with a drawdown of
Test Pumping Rate: <u>1048</u> Gallons Per Minute	<u>85</u> feet after <u>24</u> hours of pumping
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.

Clayton Miller 0-703 Clayton Miller  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B (04/08)