

County: Harrison
 Permit #: MS-GW17121
 Driller: Lynan Well
 Date drilling completed: 3/11/2014

Handwritten notes:
 2-20-14
 10-14

**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)

For Office Use Only:
 Aquifer: GRMPL
 Well #: M971
 L. S. Elevation: _____
 E-log #: Test Well E-Log M-969

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>RE Office VA</u> Mailing Address: <u>400 Veterans Ave</u> <u>Building 8A</u> <u>Biloxi MS 39531</u> City State Zip Code Telephone No. <u>(228) 523-4619</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>30° 24' 52"</u> Longitude: <u>88° 52' 21"</u> Method of Lat/Long (circle one): <input checked="" type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS <u>SW 1/4 SE 1/4</u> Sec <u>24</u> Twn <u>7S</u> Rng <u>10W</u> Distance _____ Direction _____ Nearest Town _____ Miles _____ of _____</p>
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Well / Borehole Data

Date drilling started: 1/15/2014 Date drilling completed: 3/11/2014 Hole depth: 660 Hole diameter: 16x10

Location of the source of any surface water used for drilling: N.A.
 Method of dosing and volume of Chlorine used in drilling and development: granular

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: 55.5 feet above or below (circle one) land surface Date measured: 3/11/2014

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

Well depth: 660 Well grouted to a depth of 560 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 560 feet Casing diameter: 16 inches Type of casing: Steel

Screen length: 100 feet Screen diameter: 8x10 inches Type of screen: 55 Mani-pack

Screen slot size: .012 inches Setting depth: From 560 feet to 660 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: 434 feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SW-1 (10/04/09)
Received
 MAR 21 2014
 BY OLWR

Harrison Co

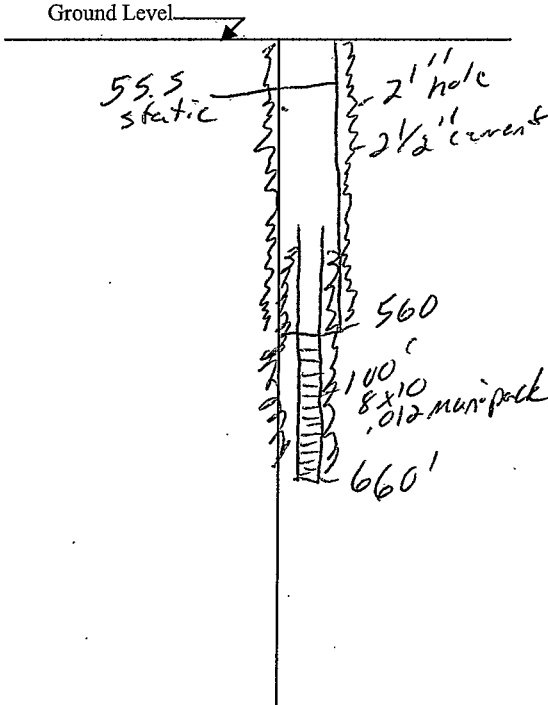
GW 17121

M 971

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)
sand	Ground Level	50'
clay	50	90
shad	90	150
clay	150	160
sand	160	180
clay	180	300
sand	300	340
clay	340	400
sand	400	460
clay	460	560
medium sand	560	660

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) a north arrow.

Landowner Name: VA

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.

Print Name of Responsible Licensee and License No. Josh Ladner 0640

Date 3/18/2014

Signature of Licensee *[Handwritten Signature]*

Received
MAR 21 2014
BY OLWR

MAY 16 2014

BY: OLWR

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 #: MS6017121
 Driller: Lyman Well
 Date completed: 3/11/2014
 Copy information from block on Part 1

For Office Use Only:
 Aquifer: GRMPL
 Well #: M971
 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>RE Office VA</u>	Latitude: <u>30°24'⁵²50.79</u> Longitude: <u>88°56'27.36</u>
Mailing Address: <u>400 Veterans Ave</u> <u>Building 8A</u> <u>Biloxi MS 39531</u> City State Zip Code	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ <u>S12 1/4 SE 1/4 Sec 24 T 75 R 10W</u>
Telephone No. <u>(228) 523-4619</u>	Distance _____ Direction _____ Nearest Town _____ Miles of _____

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>150</u>
Date Pump Installed: <u>5/3/2014</u>	Setting Depth: <u>160</u> feet
Rated Pump Capacity: <u>1550</u> Gallons Per Minute	Number of Stages: <u>4 14R JLC</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5/11/2014</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>55.5</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>45</u> Feet Below Land Surface	Well yielded <u>1550</u> GPM with a drawdown of
Test Pumping Rate: <u>1550</u> Gallons Per Minute	<u>45</u> feet after <u>24</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

Josh Ladner 0-640
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

Harrison Co
11971

GW 17121

VA Well M81

VA Test Well

VA Production Well

Power Cr

W. 1st St

Received
MAR 23 2014
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