

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 #: M 974
Acquirer: JAMES L...
E-Log #: ...

County: Harrison
Permit #: 0239
Driller: Mc Gill Pump & Well
Date drilling completed: 8-31-17

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>Ashley Burdine</u>	Latitude: <u>30° 27' 16.57" N</u> Longitude: <u>89° 59' 42.22" W</u>
Mailing Address: <u>11449 Oaklawn Dr</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> <u>88°</u>
<u>Biloxie</u> MS <u>39532</u>	USGS quad <u>NE 1/4 NW 1/4, Sec 49 T 75 R 10W</u>
City State Zip Code	<u>1.4</u> Miles <u>West</u> of <u>Woolmarket</u>
Telephone No. <u>(228) 263-1988</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>8-29-17</u> Date drilling completed: <u>8-31-17</u> Hole depth: <u>500</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 <input type="checkbox"/> 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>50</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface Date measured: <u>8-31-17</u>
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>500</u> Well grouted to a depth of: <u>10</u> feet Type of grout (check one): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>480</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>480</u> feet to <u>500</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 tap pipe or reduction in casing: <u>200</u> feet
<i>If telescoped or more than one screen, describe on next page</i>

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)

County: <u>Harrison</u>
Permit #: <u>0239</u>
Driller: <u>Mc Gill Pump & Well</u>
Date completed: <u>9-1-17</u>
<i>Copy information from block on Part 1</i>

For Office Use Only:
Well #: <u>M974</u>
Aquifer: _____

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>Ashley Burdine</u>	Latitude: <u>30°27'16.57" N</u> Longitude: <u>89°59'42.22" W</u>
Mailing Address: _____	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey _____
<u>11449 Oaklawn Dr</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
<u>Biloxie MS 39532</u>	<u>NE 1/4 NW 1/4, Sec 49 T 75 R 10W</u>
City _____ State _____ Zip Code _____	<u>1.4</u> Miles <u>West</u> of <u>Woodmarkes</u>
Telephone No. <u>(228) 263-1988</u>	(Distance) (Direction) (Nearest Town)

Pump Type (check one)		
Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Air Lift <input type="checkbox"/> Centrifugal <input type="checkbox"/> Flowing Well <input type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input type="checkbox"/> Other (describe): _____		
Date Pump Installed: <u>9-1-17</u>	Rated Pump Capacity: <u>10</u>	Gallons Per Minute _____
Is This Pump (check one): <input checked="" type="checkbox"/> New <input type="checkbox"/> Repaired <input type="checkbox"/> Replacement		
Power Type (check one)		
Electric <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (describe): _____		
Horse Power Rating of Motor: <u>1</u>	Setting Depth: <u>100</u> feet	Number of Stages: <u>1</u>

Pump Test Data for Non Flowing Well		
Date Well Tested: <u>9-1-17</u>	Duration of Pump Test (minimum 4 hours): <u>4</u> hours	
Static Water Level (A): <u>50</u> Feet Below Land Surface	Pumping Water Level (B): <u>100</u> Feet Below Land Surface	
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	Test Pumping Rate: <u>10</u>	Gallons Per Minute _____
Method of measurement (check one): Steel tape <input type="checkbox"/> Electric tape <input checked="" type="checkbox"/> Air line <input type="checkbox"/> 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: <u>RECEIVED</u>
Meter Model Number/Name: _____	Type of Meter: <u>SEP 20 2017</u>
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____	
Installation Date: _____	Meter installed by: <u>BY OIWR</u>
Is This Meter (check one): <input type="checkbox"/> New <input type="checkbox"/> Repaired <input type="checkbox"/> Replacement	
<i>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>	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.		
<u>Michelle Merrill #0239</u>	<u>9/1/17</u>	<u>[Signature]</u>
Print Name of Pump Installer and License No. (if applicable)	Date	Signature of Pump Installer

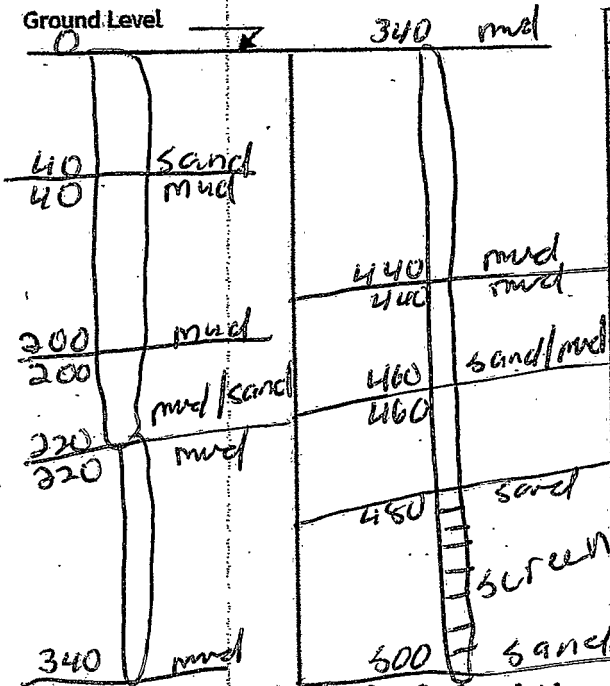
County: Harrison
 Permit #: 0239

For Office Use Only:
 Well #: M974

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) Ground level	To (depth)
sand	0	40
mud	40	200
sand/mud	200	220
mud	220	440
sand/mud	440	460
sand	460	500

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 20 2017
 BY OLWR

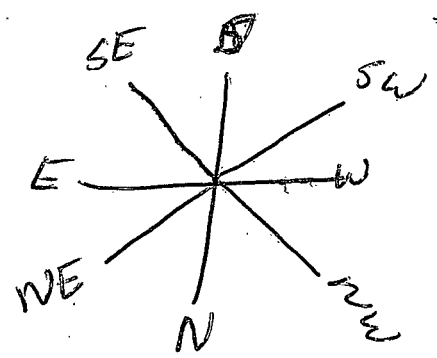
Landowner Name: Ashley Pardine

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.

Wm M #0239 9/18/17
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

1974
Harrison Co.

Tiffany Lane



John Lee Rd

Lorraine Rd

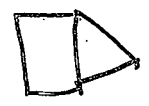
Pond



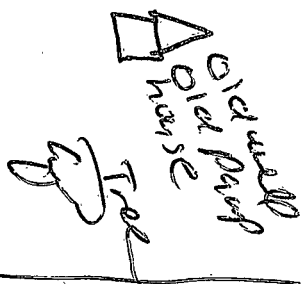
Oak Lawn Drive

Concrete Drive
11449
Oak Lawn
Drive

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+ new well



Old well
Old Pump
Horse

Fence Line

Wood market Rd