

HARRISON

County: Jackson
 Permit #: _____
 Driller: 0-785
 Date drilling completed: 7-11-17

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 #: M977
 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 <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Alton Lord</u> Mailing Address: <u>12303</u> <u>Hattie RO K Dr.</u> <u>Biloxi</u> <u>MS.</u> <u>39572</u> City State Zip Code Telephone No. () _____</p>	<p>Well or Borehole Location</p> <p>Latitude: <u>30.466057</u> Longitude: <u>89.942144</u> <u>30-27-58</u> <u>89-56-32</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> <u>USGS quad, Hand-held GPS, Survey-grade GPS</u> <u>SW 1/4 NE 1/4 Sec 1 Twn 7S Rng 10W</u> Distance Direction Nearest Town _____ Miles _____ of _____</p>
---	--

Well / Borehole Data

Date drilling started: 7-11-17 Date drilling completed: 7-11-17 Hole depth: 440' 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: 65 feet above or below (circle one) land surface Date measured: 7-11-17
 Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 440 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 420 feet Casing diameter: 200-3" 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 420 feet to 440 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*

RECEIVED
 JUL 21 2017
 BY OLWR

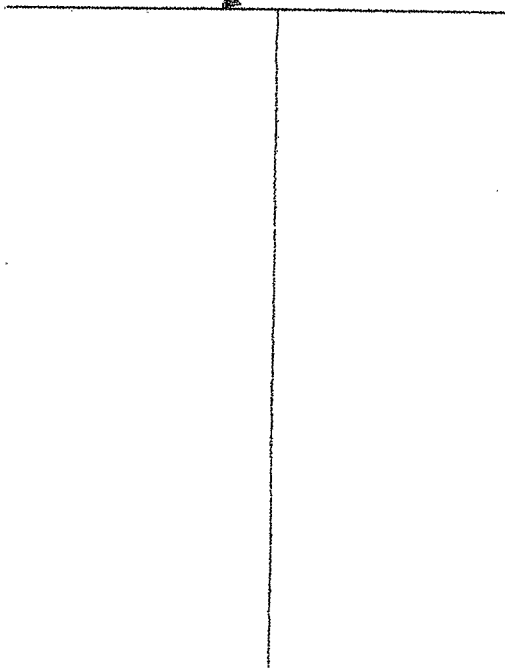
Form-OLWR-SWR-1A

M977

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level.

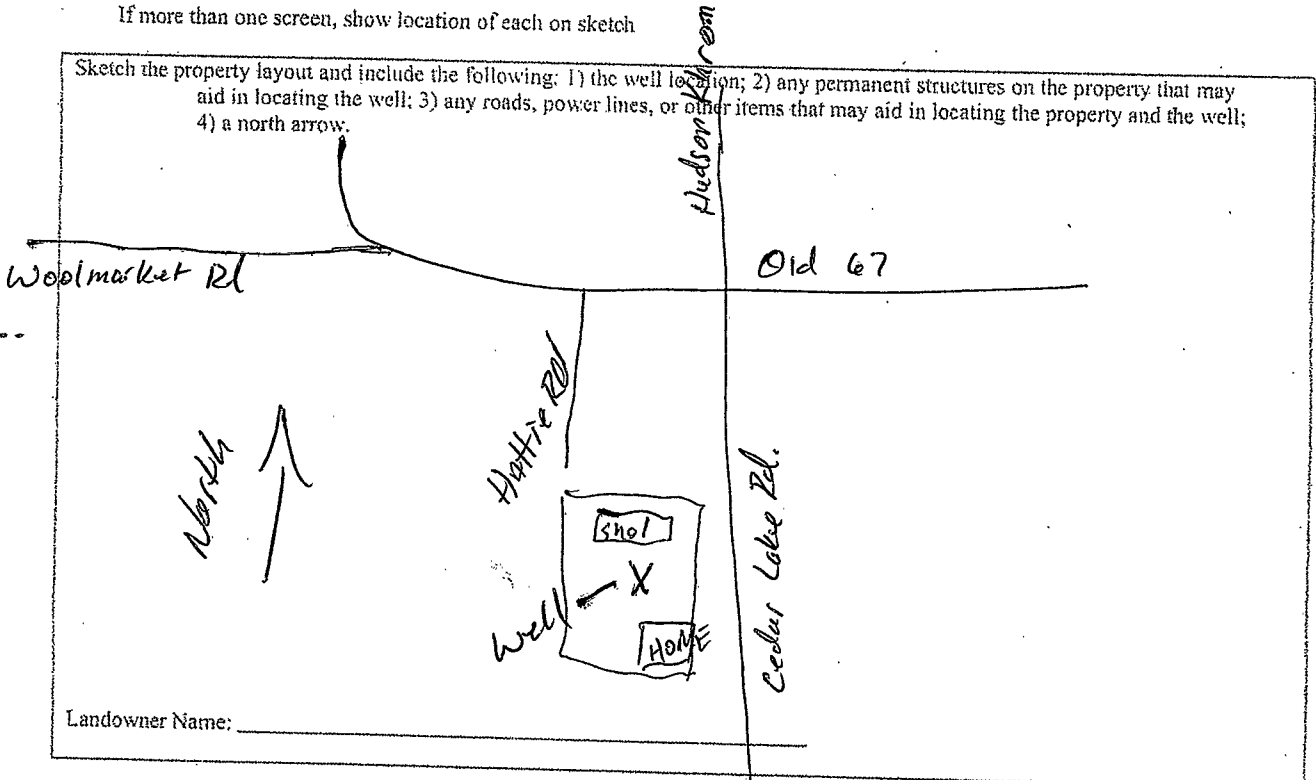


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	10
Sand + Gravel	10	65
W Clay	65	75
G Clay	75	410
Sand	410	440

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.



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. MALVIN WAGNER 0-785 Date 7-11-17

Signature of Licensee [Signature] Jul 21 2017

Form: OLWR-SWR-1A

RECEIVED

BY OLWR

Harrison

STATE WELL REPORT

County: Jackson

Permit #: _____

Driller: P-759

Date completed: 7-12-17

Copy information from block on Part 1

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)

For Office Use Only:

Aquifer: _____

Well #: 1977

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

Owner Name: Alton Lord

Mailing Address: 12303
Hattie Dr.
Biloxi Ms. 39532
 City State Zip Code

Telephone No. () _____

Well Location

Latitude: 30,466057 Longitude: 89,942144

Method of Lat/Long (check one): Conventional Survey _____
30-27-58 88-56-32

USGS quad _____, Hand-held GPS , Survey-grade GPS _____

SW 1/4 NE 1/4 Sec 1 T 7S R 10W

Distance _____ Miles _____ of _____
 Direction _____ Nearest Town _____

Pump Type
Circle one

Air Lift Jet Submersible

Bucket Piston Turbine

Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 7-12-17

Rated Pump Capacity: 15 Gallons Per Minute

Power Type
Circle one

Diesel Engine Gasoline Engine Natural Gas

Electric Motor Hand Tractor PTO

Windmill Other (specify): _____

Horse Power Rating of Motor: 1

Setting Depth: 100 feet

Number of Stages: _____

Pump Test Data

Date Well Tested: 7-12-17

Static Water Level (A): 65 Feet Below Land Surface

Pumping Water Level (B): 100 Feet Below Land Surface

Drawdown [(B) - (A)]: 35 Feet Below Land Surface

Test Pumping Rate: 15 Gallons Per Minute

Duration of Pump Test (minimum 4 hours): 24 hours

Method of Measuring Water Level
Circle one

Air Line Electric Measuring Line Steel Tape

Other (specify): _____

For flowing well, measured shut in head: _____ feet

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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

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

Reggie Peterman
 Signature of Pump Installer

RECEIVED
 Form: OLWR-SWR-1B
 JUL 21 2017
 BY OLWR