

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)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: N 365
Aquifer: _____
E-Log #: _____

County: Harrison
Permit #: 0239
Driller: Mc Gill Pump & Well
Date drilling completed: 11-16-16

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>Gordon Kolb</u>	Latitude: <u>30° 18' 51.94" N</u> Longitude: <u>89° 17' 22.6" W</u>
Mailing Address: <u>100 8th Street</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Doss Christian MS 39571</u> City State Zip Code	<u>SW 1/4 SW 1/4, Sec 27 T 85 R 13W</u>
Telephone No. <u>(228) 216-7696</u>	<u>3.6 Miles East of Bay St Louis</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>11-14-16</u> Date drilling completed: <u>11-16-16</u> Hole depth: <u>1000</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 (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____
Name of organization running log(s): <u>NA</u>
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____

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

Purpose of Well (circle all applicable): Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> <input checked="" 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>Free flow</u> <u>1007</u> feet [above or below] land surface Date measured: <u>11-18-16</u> (circle one)
Method of measurement (circle 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>1000</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>970</u> feet Casing diameter: <u>4x2</u> inches Type of casing: <u>PVC</u>
Screen length: <u>30</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>970</u> feet to <u>1000</u> feet
Type of completion (circle all applicable): Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> <input checked="" type="checkbox"/> Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: <u>240</u> 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 2309
 Jackson, MS 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

For Office Use Only:

Well #: N365
 Aquifer: _____

County: Harrison
 Permit #: 0239
 Driller: mc bill pump well
 Date completed: _____
Copy information from block on Part 1

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>Gordon Kolb</u>	Latitude: <u>30° 18' 51.59" N</u> Longitude: <u>89° 17' 22.6" W</u>
Mailing Address: <u>100 8th Street</u>	Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>PASS Christian MS 39571</u>	USGS quad _____, Sec <u>D25</u> T <u>8S</u> R <u>13W</u>
City _____ State _____ Zip Code _____	_____ Miles _____ of _____
Telephone No. <u>(228) 216-7696</u>	(Distance) _____ (Direction) _____ (Nearest Town) _____

Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 11-18-16 Rated Pump Capacity: 50 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 5hp Setting Depth: 60 feet Number of Stages: 12

Pump Test Data for Non Flowing Well

Date Well Tested: 11-16-16 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): free flowing Feet Below Land Surface Pumping Water Level (B): 60 Feet Below Land Surface

Drawdown [(B) - (A)]: 0 Feet Below Land Surface Test Pumping Rate: 60 Gallons Per Minute

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well

Measured shut in head: _____ feet.

Well yielded 1 GPM with a drawdown of 0 feet after 4 hours of pumping

Meter Installation NA

Meter Manufacturer: _____ Meter Serial Number: _____

Meter Model Number/Name: _____ Type of Meter: _____

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

Installation Date: _____ Meter installed by: _____

Is This Meter (circle one): New Repaired Replacement

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.

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

Michael McCall # 0239 12/12/16

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Red Light
N365

Hwy 90

Point Lumber Company
stop sign

Bay View

stop sign

3rd street

3rd street
stop sign

9th street

stop sign

5th street

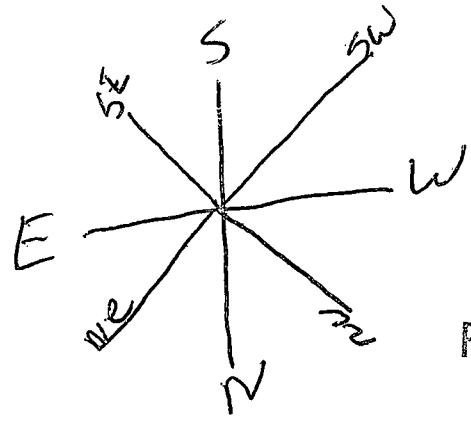
House

Public Boat Ramp

Trees
Power Pole
Tree
fuel
Tree

White fence

Front Street



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BY OLWR