STATE WELL REPORT

County: Harrison Permit #: 0 2 39 Driller: mLGill

Date drilling completed: 4-17-18

Part 1

Driller's LogMississippi 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 O	ffice Use Only:
Well #: _	J420
Aquifer: _	
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.

Well Owner Information	Well or Borebole Location					
(Landowner if borehole is not for a water well)	Well or Borehole Location Latitude: 30 20 37 WiLongitude: 88 43 42.42					
Owner Name: Mike Schmitt	Mathada Slat / Lang (abada ana) Comunitional Sunga					
Mailing Address: 7113 Belle Fontaine	Method of Lat/Long (check one): Conventional Survey,					
00	USGS quad, Hand-held GPS, Survey-grade GPS					
DCEAN SPRINGS MS 39564 City State Zip Code	10.5 Miles SE of Gay tier					
Telephone No. (<u>228)</u> <u>623 - 6297</u>	(Distance) (Direction) (Nearest Town)					
Well / R	orehole Data					
<u>.</u>	9-17-18 Hole depth: 420 Hole diameter: 3 x 2					
Location of the source of any surface water used for drilling: well water						
Method of dosing and volume of Chlorine used in drilling and development:						
Logs run (check <i>all applicable</i>): log run lelectric samr	na Ray Density Sonic Neutron Other: NO LOS Pur					
Name of organization running log(s):						
Purpose of borehole (check one): Water Well $ u$ Geotechni	ical/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 all applicable): Home Industria	al Public Supply Irrigation Fish Culture					
Other (describe):						
If a flowing well, method of flow regulation: Valve	Other (describe) BACK WASh palke					
Static Water Level: 40 feet above or beld (check one)						
Method of measurement (check one) Steel tape Electric	tape Air line Other (describe):					
Well depth: 4 >0 Well grouted to a depth of: 10 f	eet Type of grout (check one) Neat Cement Bentonite Mix					
Casing length: 400 feet Casing diameter:	3 x 2 inches Type of casing: PVC					
Screen length: <u>20</u> feet Screen diameter: _	inches Type of screen:					
Screen slot size: 1006 inches Setting depth:	From <u>UOO</u> feet to <u>UOÖ</u> feet					
Type of completion (check all applicable) ravel packed Underreamed Open hole Natural Development						
Other (describe):						
Top of lap pipe or reduction in casing: <u>160</u> feet						
If telescoped or more than one screen, describe on next page						

Form: OLWR-SWR-1A (4/13)

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STATE WELL REPORT County: Harrison Part 2 For Office Use Only: **Pump Installer's Completion Report** Permit #: 0239 Mississippi Department of Environmental Quality Office of Land and Water Resources Well #: __ Driller: MC (2) Date completed: 9-17-18 P.O. Box 2309 Aquifer: ___ Jackson, MS 39225-2309 Copy information from block on Part 1 (601)961-5210 (601) 360-0535 (fax) 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 Location **Well Owner Information** Owner Name: Mike Schmitt Latitude: 30 20 37 UL Ongitude: 88 43 42 42 Mailing Address: 7113 Method of Lat/Long (check one): Conventional Survey____ USGS quad_____, Hand-held GPS_____, Survey-grade GPS_____ Gultport 54 4 5W 4, Sec 18 T 85 R 7W Zip Code 10.5 Miles SE of Gautier (Direction) (Nearest Town) Telephone No. (<u>) 28)</u> <u>623-</u> 6297 (Distance) Pump Type (check one) Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary other (describe): Rated Pump Capacity: ________ Gallons Per Minute Date Pump Installed: 9-19-18 Is This Pump (check one): New Repaired Replacement Power Type (check one) Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): Horse Power Rating of Motor: 16.0 Setting Depth: 100 feet Number of Stages: **Pump Test Data for Non Flowing Well** Date Well Tested: 9-19-18 Duration of Pump Test (minimum 4 hours): Static Water Level (A): UD Feet Below Land Surface Pumping Water Level (B): 100 Feet Below Land Surface Test Pumping Rate: ______ Gallons Per Minute Drawdown [(B) - (A)]: ______Feet Below Land Surface Method of measurement (check one): Steel tape ☑Electric tape ☐Air line ☐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: _____ Meter Model Number/Name: _____ _____ Type of Meter:_____ Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):______ Meter installed by: ___ Is This Meter (check 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.

Date

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

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

Signature of Pump Installer Form: OLWR-SWR-2A (4/13)

Permit #: _O	239			L	ett #:	
The sketch belo	ow only rea	nuired for w	ater wells	Description of formations encou	ntered must be provide	d for all wells
				and boreholes, unless specificall	y exempted by regulation	<u>/H3</u>
If well telescop		epths on ske	ich.	Description of Formations Encounted	ered From (depth)	To (depth)
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Sketch the property of the well	erty layout a	nd include the	following:			
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Landowner Na					scardanaa uiith all aa	nlicable
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Print Name o	f Responsib	le Licensee	and License No.	Date	Form: Oi \	WR-SWR-1B (4

County: Harrison

For Office Use Only:

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