

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 #: 420
Aquifer: _____
E-Log #: _____

County: Harrison
Permit #: 0239
Driller: MLGill Pump & Well
Date drilling completed: 9-17-18

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>Mike Schmitt</u>	Latitude: <u>30° 20' 37.44" N</u> Longitude: <u>88° 43' 42.42" W</u>
Mailing Address: <u>7113 Belle Fontaine Dr</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Ocean Springs MS 39564</u> City State Zip Code	<u>SW 1/4 SW 1/4, Sec 18 T 85 R 7W</u>
Telephone No. <u>(228) 623-6297</u>	<u>10.5</u> Miles <u>SE</u> of <u>Gautier</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>9-17-18</u> Date drilling completed: <u>9-17-18</u> Hole depth: <u>420</u> Hole diameter: <u>3x2</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 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>40</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface Date measured: <u>9-17-18</u> (check one)
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>420</u> Well grouted to a depth of: <u>10</u> feet Type of grout (check one) <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>400</u> feet Casing diameter: <u>3x2</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>400</u> feet to <u>420</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 lap pipe or reduction in casing: <u>160</u> feet
<i>If telescoped or more than one screen, describe on next page</i>

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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)

County: Harrison
Permit #: 0239
Driller: McGill Pumpwell
Date completed: 9-17-18
Copy information from block on Part 1

For Office Use Only:
Well #: _____
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>mike Schmitt</u>	Latitude: <u>30° 20' 37.44" N</u> Longitude: <u>88° 43' 42.42" W</u>
Mailing Address: <u>7113 Belle Fontaine</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Gulfport</u> <u>MS</u> <u>39564</u> City State Zip Code	<u>SW 1/4 SW 1/4, Sec 18 T 8S R 7W</u>
Telephone No. <u>(228) 623-6297</u>	<u>10.5</u> Miles <u>SE</u> of <u>Gautier</u> (Distance) (Direction) (Nearest Town)

Pump Type (check one)
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: 9-19-18 Rated Pump Capacity: 22 Gallons Per Minute
Is This Pump (check one): New Repaired Replacement

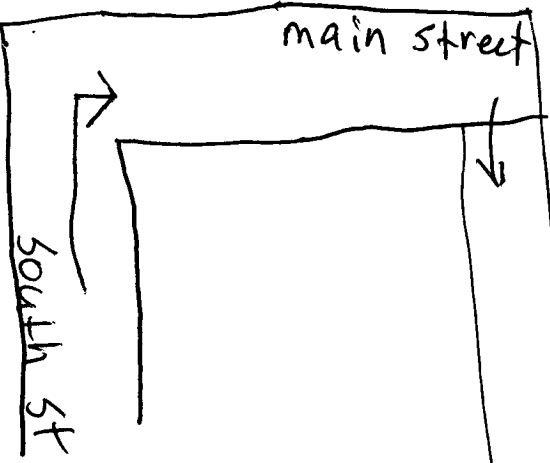
Power Type (check one)
Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
Horse Power Rating of Motor: 1 h.p. Setting Depth: 100 feet Number of Stages: 8

Pump Test Data for Non Flowing Well
Date Well Tested: 9-19-18 Duration of Pump Test (minimum 4 hours): 4 hours
Static Water Level (A): 40 Feet Below Land Surface Pumping Water Level (B): 100 Feet Below Land Surface
Drawdown [(B) - (A)]: 0 Feet Below Land Surface Test Pumping Rate: 22 Gallons Per Minute
Method of measurement (check one): Steel tape Electric tape Air line Other (describe): _____

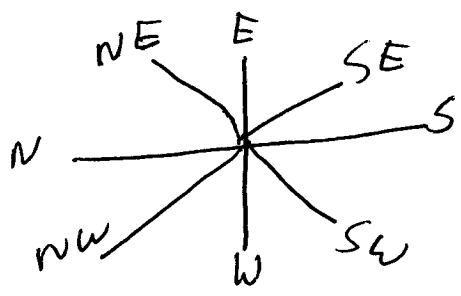
Pump Test Data for Flowing Well NA
Measured shut in head: _____ feet.
Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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 (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.

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) _____ Date _____ Signature of Pump Installer _____

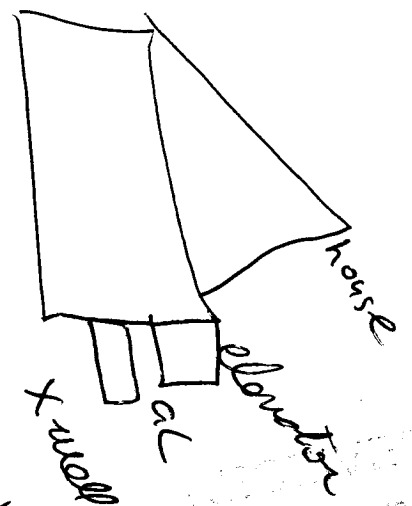


Sound Bluff Rd



Belle Fontaine Dr

Concrete Drive
243 Belle Fontaine



property line

Gulf of Mexico

