

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
(601)961- 5210
(601)961- 5228 (fax)

For Office Use Only:

Aquifer: _____
Well #: D421
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: _____
Driller: Lynan Well
Date drilling completed: 11/3/17

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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>HSC Harleston</u>	Latitude: <u>30° 42' 48"</u> Longitude: <u>88° 30' 48"</u>
Mailing Address: <u>805 Trione Ave</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Daphne AL 36526</u>	USGS quad: <u>SE</u> Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4 NE 1/4 Sec 7 Twn 45 Rng SW</u>
Telephone No. <u>(251) 380-7699</u>	Distance Direction Nearest Town
	Miles of
Well / Borehole Data	
Date drilling started: <u>11/2/17</u> Date drilling completed: <u>11/3/17</u> Hole depth: <u>297'</u> Hole diameter: <u>9"</u>	
Location of the source of any surface water used for drilling: <u>NA</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>Bleach</u>	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	RECEIVED
Name of organization running log(s): _____	NOV 15 2017
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____	BY OLWR
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: <u>Retail store</u>	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>70'</u> feet above or below (circle one) land surface Date measured: <u>11/6/17</u>	
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____	
Well depth: <u>297</u> Well grouted to a depth of <u>277</u> Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix	
Casing length: <u>267</u> ^{<u>277</u>} feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC Saw</u>	
Screen slot size: <u>1006</u> inches Setting depth: From <u>277</u> feet to <u>297</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> 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	

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
 (601)961-5210
 (601)961-5228 (fax)

County: Jackson
 Permit #: _____
 Driller: Hyman Well
 Date completed: 11/10/17
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: D421
 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	Well Location
Owner Name: <u>HSC Harleston, LLC</u>	Latitude: <u>30°42'47.86"N</u> Longitude: <u>88°30'49.58"W</u>
Mailing Address: <u>805 Tridone Ave</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Daphne</u> <u>AL</u> <u>36526</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SE</u> ¼ <u>NE</u> ¼ Sec <u>7</u> T <u>45</u> R <u>5W</u>
Telephone No. <u>(251) 380 7699</u>	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

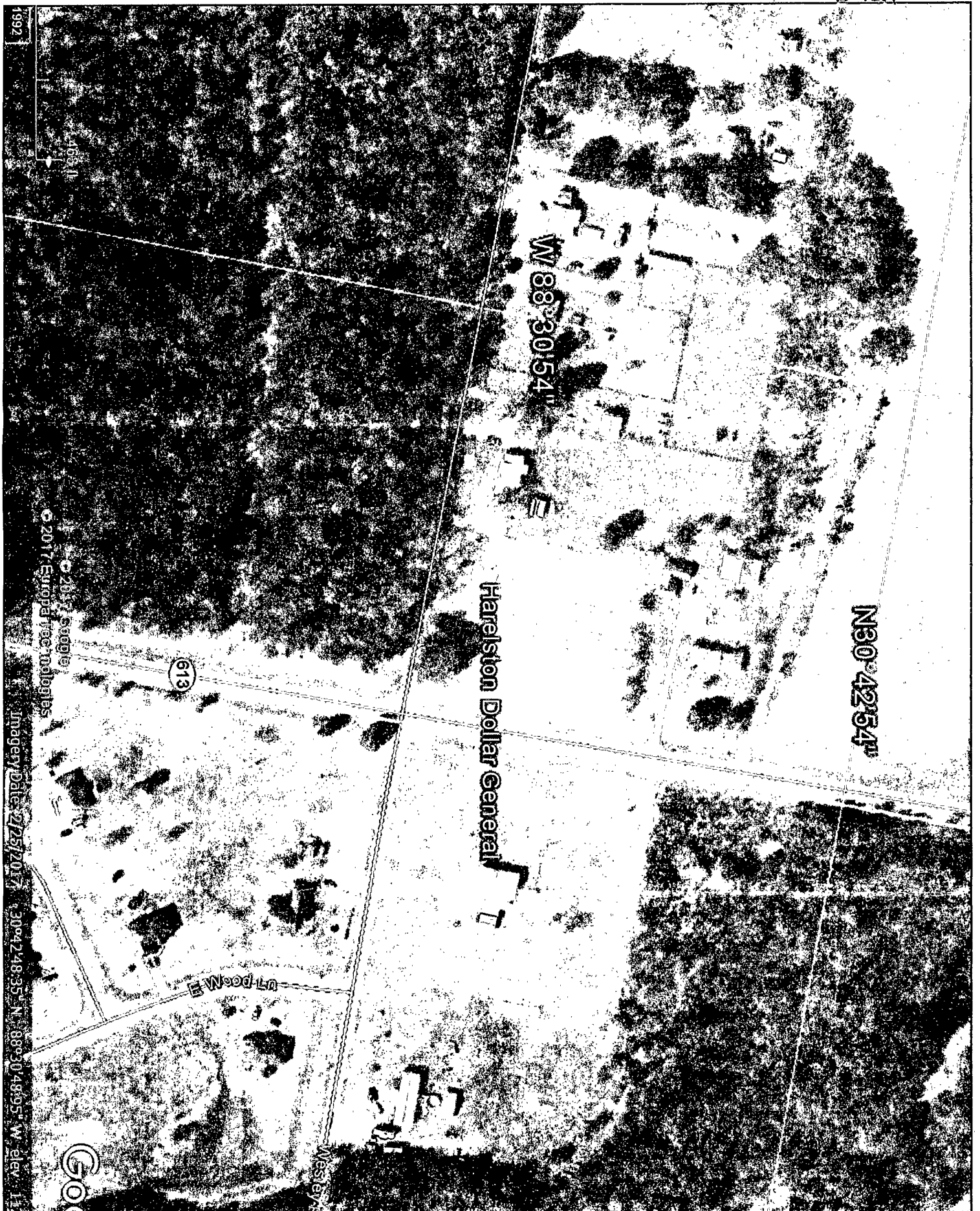
Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>11/9/17</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11/10/17</u>	Air Line <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>70</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>80</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____
Test Pumping Rate: <u>20</u> Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

Josh Ladner 0-640 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
 NOV 15 2017
 BY OLWR
 Form: OLWR-SWR-1B (04/08)



W 88°30'54"

N30°42'54"

Hareston Dollar General

613

E Wood Ln

Western

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Imagery Date: 2/25/2017 30°42'48.35" N 88°30'48.95" W elev: 112

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