

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2307
Jackson, MS 39225
(601)961- 5210
(601)961- 5228 (fax)

County: Jackson
Permit #: MS6W 17103
Driller: Lyman Well
Date drilling completed: 1/7/2014

For Office Use Only:
Aquifer: _____
Well #: N1105
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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Preserve Golf Club</u>	Latitude: <u>30° 28' 06"</u> Longitude: <u>88° 44' 11"</u>
Mailing Address: <u>P.O. Box 309</u> <u>Biloxi MS 39533</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS ✓
City _____ State _____ Zip Code _____	<u>NE</u> ¼ <u>NE</u> ¼ Sec <u>1</u> ✓ Twn <u>7S</u> Rng <u>8W</u>
Telephone No. <u>(228) 348 2936</u>	SE Distance _____ Miles _____ of _____ Nearest Town _____

Well / Borehole Data

Date drilling started: 12/5/2013 Date drilling completed: 1/7/2014 Hole depth: 85 Hole diameter: 12"

Location of the source of any surface water used for drilling: Golf course

Method of dosing and volume of Chlorine used in drilling and development: Granular

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): MDEQ

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: 20 feet above or below (circle one) land surface Date measured: 1/7/2014

Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 85 Well grouted to a depth of 15 feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 65 feet Casing diameter: 8" inches Type of casing: SS

Screen length: 20 feet Screen diameter: 8" inches Type of screen: SS wrap

Screen slot size: .012 inches Setting depth: From 65 feet to 85 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*

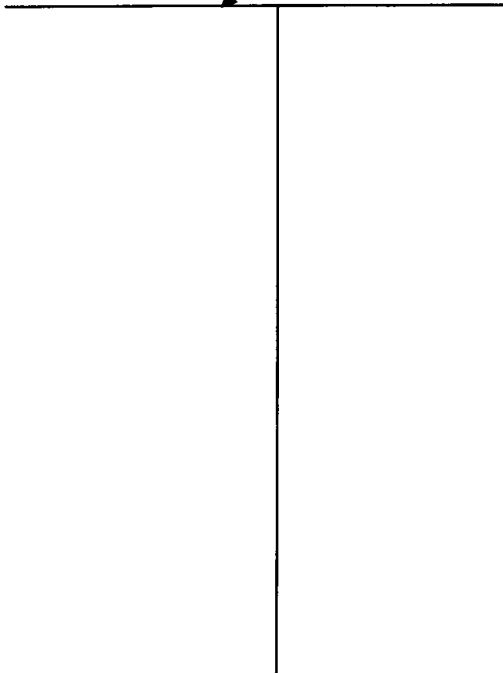
Form: OLWR-SWR-11-04109
RECEIVED
JAN 31 2014
BY: OLWR

N1105

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 brown sand	Ground Level	65
	65	85

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.

See map

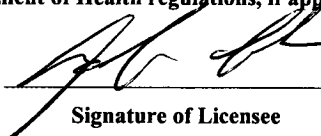
Landowner Name: Preserve Golf Club

Form: OLWR-SWR-1A (04/08)

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.

Josh Ladner 0-6410
Print Name of Responsible Licensee and License No.

11/21/2014
Date


Signature of Licensee

RECEIVED
JAN 31 2015

BY: OLWR

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 #: MSGW 17103
 Driller: Lyman Well
 Date completed: 1/18/2014
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: N1105
 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>Preserve Golf Club</u>	Latitude: <u>30°28'06"</u> Longitude: <u>88°44'11"</u>
Mailing Address: _____ <u>P.O. Box 309</u> <u>Biloxi MS 39533</u> <small>City State Zip Code</small>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ <u>NE 1/4 NE 1/4 Sec 1 T 7S R 8W</u>
Telephone No. <u>(228) 348 2936</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>7.5 HP</u>
Date Pump Installed: <u>1/8/2014</u>	Setting Depth: <u>80'</u> feet
Rated Pump Capacity: <u>300</u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1/17/2014</u>	Air Line <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>20</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>70</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>50</u> Feet Below Land Surface	Well yielded <u>300</u> GPM with a drawdown of
Test Pumping Rate: <u>300</u> Gallons Per Minute	<u>50</u> feet after <u>8</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>8</u> hours	

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

Josh Ladner 0-6410 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED

JAN 21 2014

Form: OLWR-SWB-1B (04/08)

BY: OLWR