

# State Well Report

## Part 1 - Driller's Log

Mississippi Department of Environmental Quality  
Office of Land and Water Resources

P.O. Box 10631  
Jackson, MS 39289-0631  
(601)961-5210  
(601)354-6938 (fax)

County: Hancock  
Permit #: \_\_\_\_\_  
Driller: 0-785  
Date drilling completed: 1-20-10

For Office Use Only:  
Aquifer: D 77  
Well #: \_\_\_\_\_  
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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Dean Taylor</u>	Latitude: <u>30° 28.367'</u> Longitude: <u>89° 26.195'</u>
Mailing Address: <u>6109</u>	Method of Lat/Long (circle one): Conventional Survey
<u>Penny Ln.</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
<u>Kila Ms. 39556</u>	<u>NE SW</u> 1/4 Sec <u>31</u> Twn <u>05</u> Rng <u>14W</u>
City State Zip Code	Distance _____ Miles _____ Direction _____ of _____ Nearest Town _____
Telephone No. (____) _____	

**Well / Borehole Data**

Date drilling started: 1-20 Date drilling completed: 1-20 Hole depth: 280' Hole diameter: 5"

Location of the source of any surface water used for drilling: \_\_\_\_\_  
Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_  
Name of organization running log(s): \_\_\_\_\_

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: 50 feet above or below (circle one) land surface Date measured: 1-20-10

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

Well depth: 280 Well grouted to a depth of 10 feet (Type of grout (circle one): Seat Cement Bentonite Mix  
(200' (60' x 2"))

Casing length: 260 feet Casing diameter: 3" x 2" inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: \_\_\_\_\_ inches Setting depth: From 260 feet to 280 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-1A

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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 10631  
Jackson, MS 39289-0631  
(601)961-5210  
(601)354-6938 (fax)

County: Hancock  
Permit #: \_\_\_\_\_  
Driller: 0-785  
Date completed: 1-21-10  
*Copy information from block on Part 1*

For Office Use Only:  
Aquifer: DTT  
Well #: \_\_\_\_\_  
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>Dean Taylor</u>	Latitude: <u>30° 28' 367"</u> Longitude: <u>89° 26' 195"</u>
Mailing Address: <u>6109 Penny Ln. Kilo MS, 39556</u> City State Zip Code	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ _____ W _____ 1/4 Sec _____ T _____ R _____
Telephone No. (____) _____ <u>Ø</u>	Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket: Piston <input type="checkbox"/> Turbine <input type="checkbox"/> <u>Electric Motor</u>	Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal: Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1.5</u>
Date Pump Installed: <u>1-21-10</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>22</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-21-10</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u>
Static Water Level (A): <u>50</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>100</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 _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	

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

MALVIN WAGNON 0-785  
Print Name of Pump Installer and License No. (if applicable)

Malv Wagner  
Signature of Pump Installer

Form: OLWR-SWR-18

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