

Hancock

# 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 #: D80  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Harrison  
Permit #: D239  
Driller: McBill Pumpwell  
Date drilling completed: 7-11-18

*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>Cullen Deal</u>	Latitude: <u>30° 28' 51.78" N</u> Longitude: <u>89° 22' 54.23" W</u>
Mailing Address: <u>20015 Deal 398</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City: <u>Kiln</u> MS State Zip Code: <u>39556</u>	<u>SW 1/4 NE 1/4, Sec 34 T 65 R 14 W</u>
Telephone No. <u>(504) 782-9599</u>	<u>17</u> Miles <u>NW</u> of <u>Pass Christian</u> (Distance) (Direction) (Nearest Town)

#### Well / Borehole Data

Date drilling started: 7-10-18 Date drilling completed: 7-11-18 Hole depth: 300 Hole diameter: 3x2

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: NA

Logs run (check all applicable):  log run  Electric  Gamma Ray  Density  Sonic  Neutron Other: NO LOGS RUN

Name of organization running log(s): NA

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 all applicable):  Home  Industrial  Public Supply  Irrigation  Fish Culture

Other (describe): \_\_\_\_\_

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) Back wash valve

Static Water Level: 20 feet  above or  below land surface Date measured: 7-11-18  
(check one)

Method of measurement (check one)  Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_

Well depth: 300 Well grouted to a depth of: 10 feet Type of grout (check one)  Neat Cement  Bentonite  Mix

Casing length: 280 feet Casing diameter: 3x2 inches Type of casing: PVC

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

Screen slot size: .006 inches Setting depth: From 280 feet to 300 feet

Type of completion (check all applicable)  gravel packed  Underreamed  Open hole  Natural Development

Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: 220 feet

*If telescoped or more than one screen, describe on next page*

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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)

### For Office Use Only:

Well #: D80  
Aquifer: \_\_\_\_\_

County: Harrison  
Permit #: 0239  
Driller: MC Gill Ruptwell  
Date completed: 7-13-18  
*Copy information from block on Part 1*

*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>Cullen Reel</u>	Latitude: <u>30° 28' 51.78" N</u> Longitude: <u>89° 22' 59.23" W</u>
Mailing Address: <u>20015 Ard 398</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City: <u>Kiln</u> State: <u>MS</u> Zip Code: <u>39556</u>	<u>SW</u> ¼ <u>NE</u> ¼, Sec <u>34</u> T <u>6S</u> R <u>14W</u>
Telephone No. <u>504</u> <u>782-9599</u>	<u>17</u> Miles <u>NW</u> of <u>Pass Christian</u> (Distance) (Direction) (Nearest Town)

**Pump Type (check one)**  
Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_  
Date Pump Installed: 7-13-18 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: 60 feet Number of Stages: 8

**Pump Test Data for Non Flowing Well**

Date Well Tested: 7-13-18 Duration of Pump Test (minimum 4 hours): 4 hours  
Static Water Level (A): 20 Feet Below Land Surface Pumping Water Level (B): 60 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.*

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

Michael McNeil 84#0239 9/13/18 \_\_\_\_\_  
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Hancock

County: Harrison

Permit #: 0239

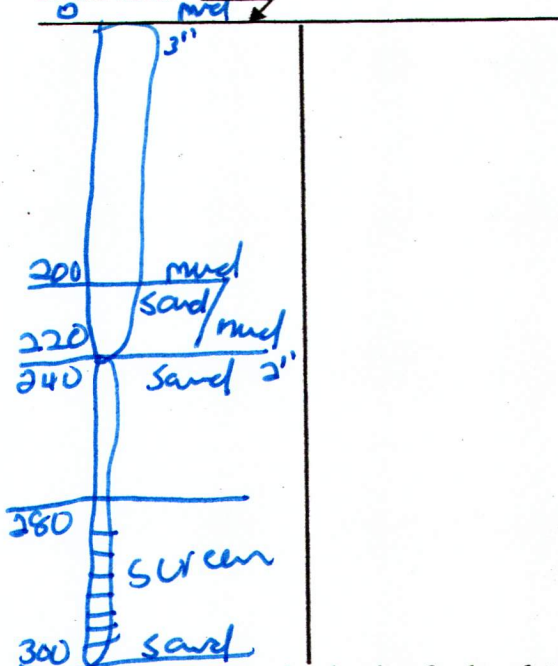
For Office Use Only:

Well #: D80

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level



If more than one screen, show location of each on sketch

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) Ground level	To (depth)
mud	0	200
sand/mud	200	220
mud	220	240
sand	240	300

- 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) north arrow

SEE Back page

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Landowner Name: Cullen feel

I HEREBY 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.

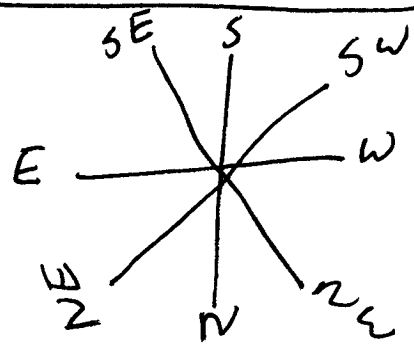
Michael McHill & # 0239      8/13/18  
Print Name of Responsible Licensee and License No.      Date

[Signature]  
Signature of Licensee

Hancock

D80

Fenton  
Volunteer  
Fire  
Department



Edwin Ladner Rd

Fenton Dedeanx Rd

A 310 Rd 310

R380

Fenton Dedeanx Rd

R398  
yellow fence

20015  
Rd 358

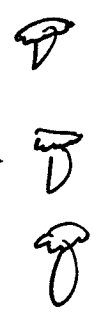
△ house

☒ old well

new well

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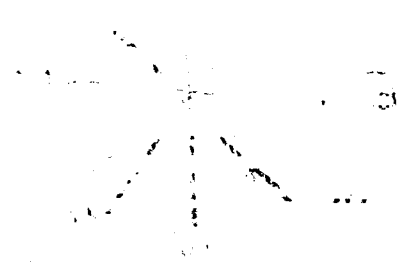
Trees



Free Will

Creek

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A vertical column of text on the right side of the page, likely serving as a legend, index, or list of components related to the diagrams.

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