

# 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)961-5210  
(601)360-0535 (fax)

#### For Office Use Only:

Well #: 6-172  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Hancock  
Permit #: MS-GW-16712  
Driller: Layne Christensen  
Date drilling completed: 9/21/2012

*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.*

<p style="text-align: center;"><b>Well Owner Information</b> (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Hancock County Utility Authority</u></p> <p>Mailing Address: <u>401 Gulfside Street</u></p> <hr/> <p>Waveland <u>MS</u> <u>39576</u> City <u>State</u> <u>Zip Code</u></p> <p>Telephone No. (228 ) <u>467-3702</u></p>	<p style="text-align: center;"><b>Well or Borehole Location</b> <u>30° 23' 30.06" N 89° 25' 18.72" W</u></p> <p>Latitude: <u>N 30° 23.501</u> Longitude: <u>W 89° 25.312</u></p> <p>Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <u>x</u>, Survey-grade GPS _____</p> <p><u>NW</u> ¼ <u>NE</u> ¼, Sec <u>39</u> (IR) T <u>7S</u> R <u>14W</u></p> <p><u>1.5</u> Miles <u>SE</u> of <u>Kiln</u> (Distance) (Direction) (Nearest Town)</p>
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**Well / Borehole Data**

Date drilling started: 8/1/2012 Date drilling completed: 9/21/2012 Hole depth: 602' Hole diameter: 24"

Location of the source of any surface water used for drilling: N/A

Method of dosing and volume of Chlorine used in drilling and development: N/A

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

Name of organization running log(s): Layne Christensen Company, Jackson, MS

Purpose of borehole (circle 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 (circle all applicable): Home  Industrial   Public Supply  Irrigation  Fish Culture

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

If a flowing well, method of flow regulation: Valve x Other (describe) Check Valve & Gate Valve

Static Water Level: 10 feet  above  or below] land surface Date measured: 9/21/2012  
(circle one)

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

Well depth: 602' Well grouted to a depth of: 455 feet Type of grout (circle one):  Neat Cement  Bentonite  Mix

Casing length: 455 feet Casing diameter: 16 inches Type of casing: Steel

Screen length: Split 100 feet Screen diameter: 10" inches Type of screen: SS Wire-Wrapped  
Split Screen w/40' Blank

Screen slot size: 0.020 inches Setting depth: From 460 feet to 600 feet

Type of completion (circle all applicable):  Gravel packed  Underreamed  Open hole  Natural Development

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

Top of lap pipe or reduction in casing: 340 feet

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

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50.3916



# 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: Hancock  
 Permit #: MS-GW-16712  
 Driller: Layne Christensen  
 Date completed: 9/21/2012  
Copy information from block on Part 1

**For Office Use Only:**

Well #: G-172  
 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>Hancock County Utility Authority</u>	<u>30° 23' 30.06" N</u> <u>89° 25' 15.72" W</u>						
Mailing Address: <u>401 Gulfside Street</u>	Latitude: <u>N 30° 23.501</u> Longitude: <u>W 89° 25.312</u>						
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Waveland</td> <td style="width: 33%;">MS</td> <td style="width: 33%;">39576</td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> </table>	Waveland	MS	39576	City	State	Zip Code	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
Waveland	MS	39576					
City	State	Zip Code					
Telephone No. (228) <u>467-3702</u>	<u>NW 1/4</u> <u>NE 1/4</u> <u>SW 1/4</u> <u>SE 1/4</u> , Sec <u>39</u> (IR) T <u>7</u> S R <u>14</u> W						
	<u>1.5</u> Miles <u>SE</u> of <u>Kiln</u> (Distance) (Direction) (Nearest Town)						

**Pump Type (circle one)**

Submersible  Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_

Date Pump Installed: 10/17/2012 Rated Pump Capacity: 1,500 Gallons Per Minute

Is This Pump (circle one):  New Repaired Replacement

**Power Type (circle one)**

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): \_\_\_\_\_

Horse Power Rating of Motor: 150 Setting Depth: 120 feet Number of Stages: 4

**Pump Test Data for Non Flowing Well**

Date Well Tested: 10/17/2012 Duration of Pump Test (minimum 4 hours): 24 hours

Static Water Level (A): Flowing Feet Below Land Surface Pumping Water Level (B): 68 Feet Below Land Surface

Drawdown [(B) - (A)]: 68 Feet Below Land Surface Test Pumping Rate: 1,200 Gallons Per Minute

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

**Pump Test Data for Flowing Well**

Measured shut in head: \_\_\_\_\_ feet.

Well yielded 1,200 GPM with a drawdown of 54 feet after 24 hours of pumping

**Meter Installation**

Meter Manufacturer: Water Specialties Meter Serial Number: \_\_\_\_\_

Meter Model Number/Name: \_\_\_\_\_ Type of Meter: Propeller Style

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_

Installation Date: 2012 Meter installed by: Layne Christensen Company

Is This Meter (circle 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.

Joey Savorgnan UNR-00000766 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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 BY: OLWR