

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 #: M185
Aquifer:
E-Log #:

County: Hancock
Permit #: 0239
Driller: McGill Pump & Well
Date drilling completed: 11-21-16

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 (Landowner if borehole is not for a water well)
Owner Name: Halley Macchick
Mailing Address: Ad 141
New Dwelling
Lake Shore ms 39558
City State Zip Code
Well or Borehole Location
Latitude: 30°15'3.55"N Longitude: 89°29'11.01"W
Method of Lat/Long (check one): Conventional Survey
USGS quad, Hand-held GPS, Survey-grade GPS
NE 1/4 NW 1/4, Sec 22, T 95, R 15W
4.8 Miles west of Bay St Louis (Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: 11-21-16 Date drilling completed: 11-21-16 Hole depth: 320 Hole diameter: 2"
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 (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:
Name of organization running log(s): NA
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 Other (describe) Back wash valve
Static Water Level: 20 feet [above or below] land surface Date measured: 11-21-16
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):
Well depth: 320 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 300 feet Casing diameter: 2" 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 300 feet to 320 feet
Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development
Other (describe):
Top of lap pipe or reduction in casing: NA feet

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

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Hancock

# 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 #: M185

Aquifer: \_\_\_\_\_

County: HARRISON  
 Permit #: 0239  
 Driller: ML Gill pump & well  
 Date completed: 11-21-16  
*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>Halley Macchick</u>	Latitude: <u>30° 15' 3.55" N</u> Longitude: <u>89° 29' 11.01" W</u>
Mailing Address: <u>Road 141</u>	Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>New Dwelling</u>	USGS quad _____, NE $\frac{1}{4}$ NW $\frac{1}{4}$ , Sec <u>23</u> T <u>9S</u> R <u>15W</u>
<u>Lake Shore</u> <u>MS</u> <u>39558</u>	<u>4.8</u> Miles <u>west</u> of <u>Bay St Louis</u>
City _____ State _____ Zip Code _____	(Distance) (Direction) (Nearest Town)
Telephone No. (____) _____	

**Pump Type (circle one)**  
 Submersible Turbine Air Lift Centrifugal Flowing Well  Jet Piston Rotary Other (describe): \_\_\_\_\_  
 Date Pump Installed: 11-23-16 Rated Pump Capacity: 7 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: 1hp Setting Depth: 40 feet Number of Stages: 2

**Pump Test Data for Non Flowing Well**  
 Date Well Tested: 11-21-16 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: 30 Gallons Per Minute  
 Method of measurement (circle 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 (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.  
 Print Name of Pump Installer and License No. (if applicable) \_\_\_\_\_ Date \_\_\_\_\_ Signature of Pump Installer \_\_\_\_\_

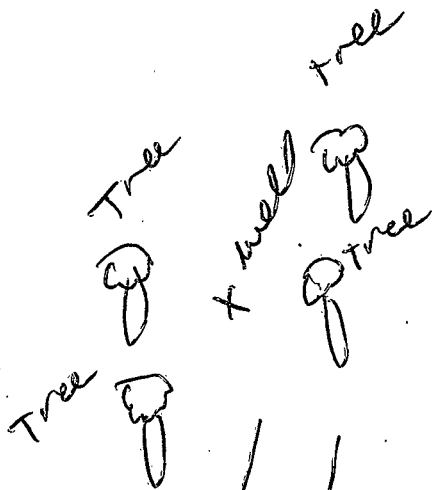
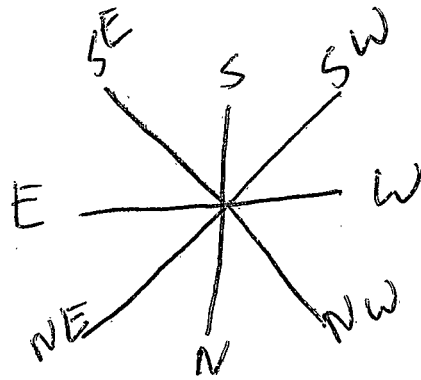
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R141

Lower Bay Pool

Buel Ladner Pool

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