

# 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: Harrison  
 Permit #: \_\_\_\_\_  
 Driller: O-288  
 Date drilling completed: 9-22-07

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: A-80  
 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<br><i>(Landowner if borehole is not for a water well)</i> | Well or Borehole Location  |
|---|--|
| Owner Name <u>David Rivers</u>  | Latitude: <u>30° 32' 201"</u> Longitude: <u>89° 15' 249"</u>                         |
| Mailing Address: <u>24813</u>   | Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey, <u>21</u> |
| <u>Saucier Advance Rel.</u>   | USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS                                   |
| <u>Saucier Ms.</u>  | _____ 1/4 _____ 1/4 Sec <u>12</u> Twn <u>5S</u> Rng <u>13W</u>                       |
| City _____ State _____ Zip Code _____   | Distance _____ Direction _____ Nearest Town _____                                    |
| Telephone No. <u>(228) 547-6116</u>   | _____ Miles _____ of _____   |

**Well / Borehole Data**

Date drilling started: 9-22 Date drilling completed: 9-22 Hole depth: 180' 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***

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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: 60 feet above or below (circle one) land surface Date measured: 9-22-07

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

Well depth: 180 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 170 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: 1.006 inches Setting depth: From 120 feet to 180 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: Harrison  
 Permit #: \_\_\_\_\_  
 Driller: 0-785  
 Date completed: 9-27-07  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: A-80  
 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>David Rivers</u>  | Latitude: <sup>N</sup> <u>30°-37.201'</u> Longitude: <sup>W</sup> <u>89°-15.349'</u>  |
| Mailing Address: <u>24813</u><br><u>Saucier Advance Rd.</u><br><u>Saucier MS.</u><br>City State Zip Code | Method of Lat/Long (check one): Conventional Survey _____<br>USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____<br>_____ 1/4 _____ 1/4 Sec _____ T _____ R _____ |
| Telephone No. <u>(228) 547-6116</u>  | Distance Direction Nearest Town<br>_____ Miles _____ of _____   |

| Pump Type<br>Circle one   | Power Type<br>Circle one   |
|---|--|
| Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible | Diesel Engine Gasoline Engine Natural Gas                        |
| Bucket Piston Turbine   | <input checked="" type="radio"/> Electric Motor Hand Tractor PTO |
| Centrifugal Rotary Flowing Well   | Windmill Other (specify): _____                                  |
| Other (specify): _____  | Horse Power Rating of Motor: <u>1</u>                            |
| Date Pump Installed: <u>9-27-07</u>   | Setting Depth: _____ feet  |
| Rated Pump Capacity: _____ Gallons Per Minute                                   | Number of Stages: <u>2</u>                                       |

| Pump Test Data   | Method of Measuring Water Level<br>Circle one                                     |
|--|---|
| Date Well Tested: <u>9-27-07</u>                           | Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape      |
| Static Water Level (A): <u>60</u> Feet Below Land Surface  | Other (specify): _____  |
| Pumping Water Level (B): <u>90</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet                               |
| Drawdown [(B) - (A)]: <u>30</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.

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

Marvin Wag  
 Signature of Pump Installer

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