

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 #: A 91
Aquifer: _____
E-Log #: _____

County: harrison _____
Permit #: _____
Driller: Certified systems M Schultz _____
Date drilling completed: 1-15-15

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: _____	Latitude: 30 36 06.89_ Longitude: 89 17 26.42
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____,
_____	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade
_____	GPS _____
City _____ State _____ Zip Code _____	<u>NE</u> ¼ <u>NE</u> ¼, Sec <u>21</u> T <u>5S</u> R <u>13W</u>
Telephone No. (____) _____	<u>16</u> Miles north of <u>Pass Christian, ms</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>1/15/15</u> Date drilling completed: <u>1/15/15</u> Hole depth: <u>400'</u> Hole diameter: <u>2"</u>
Location of the source of any surface water used for drilling: <u>West Harrison Ball Field well</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>1# HtH</u>
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____
Name of organization running log(s): _____
Purpose of borehole (circle one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>

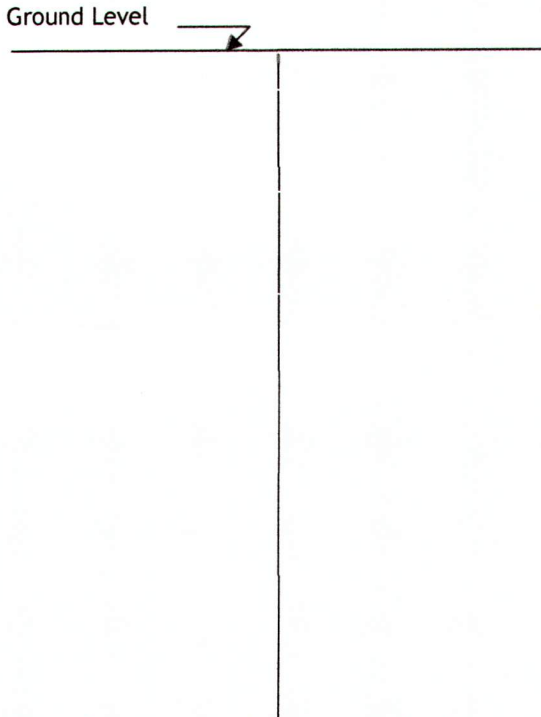
Purpose of Well (circle all applicable): Home <input checked="" type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/>
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>125</u> feet [above or below] land surface x Date measured: <u>1/16/15</u> (circle one)
Method of measurement (circle one): Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): <u>weighted string</u>
Well depth: <u>400'</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): <input checked="" type="checkbox"/> neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>380</u> feet Casing diameter: <u>2"</u> inches Type of casing: <u>PVC</u>
Screen length: <u>20</u> feet Screen diameter: <u>2"</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>.006</u> inches Setting depth: From <u>380</u> feet to <u>400</u> feet
Type of completion (circle all applicable): Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development <input checked="" type="checkbox"/>
Other (describe): _____
Top of lap pipe or reduction in casing: <u>0</u> feet
<i>If telescoped or more than one screen, describe on next page</i>

County: Harrison
 Permit #: _____

For Office Use Only:
 Well #: **A91**

The sketch below only required for water wells

If well telescopes, show depths on sketch.



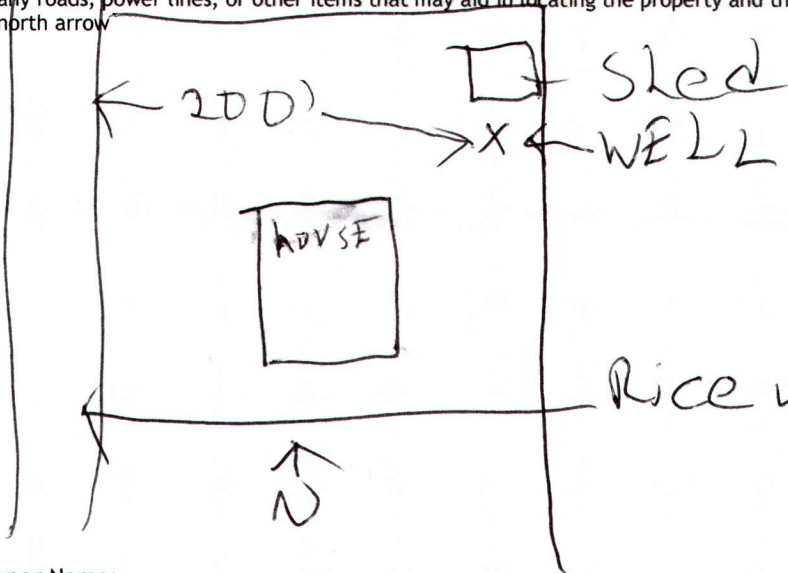
If more than one screen, show location of each on sketch

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

Description of Formations Encountered	From (depth)	To (depth)
Top soil	Ground level	2'
Clay	3'	5'
Sand & clay	5'	85'
Clay	85	300
Sand	301	307
Clay	307	340
SAND	341	403

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



RECEIVED
 FEB 10 2015
BY: OLWR

Landowner Name: _____

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.

MIKE W. SCHULTZ

2/6/2015

Print Name of Responsible Licensee and License No. _____

Date _____

Signature of Licensee _____

NO Pump installed

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 #: A91
Aquifer:

County:
Permit #:
Driller:
Date completed:
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: Owner Name, Mailing Address, City, State, Zip Code, Telephone No.
Well Location: Latitude, Longitude, Method of Lat/Long, USGS quad, Hand-held GPS, Survey-grade GPS, 1/4, 1/4, Sec, T, R, Miles, of, (Distance), (Direction), (Nearest Town)

Pump Type (circle one): Submersible, Turbine, Air Lift, Centrifugal, Flowing Well, Jet, Piston, Rotary, Other (describe):
Date Pump Installed:
Rated Pump Capacity: 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:
Setting Depth: feet
Number of Stages:

Pump Test Data for Non Flowing Well: Date Well Tested, Duration of Pump Test (minimum 4 hours), Static Water Level (A), Pumping Water Level (B), Feet Below Land Surface, Drawdown [(B) - (A)], Test Pumping Rate, 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 GPM with a drawdown of feet after hours of pumping

Meter Installation: 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