

# 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)

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: A92  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Harrison  
 Permit #: 2239  
 Driller: McGill Pump & Well  
 Date drilling completed: 3-16-16

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.

<p><b>Information on Well Owner</b>                  (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Darel Crosby</u>                  Mailing Address: <u>24217 Pampas Rd</u>  <u>Sauclier MS 39574</u>                  City State Zip Code                  Telephone No. <u>(228) 832-0443</u></p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>30° 36' 19.2"</u> Longitude: <u>89° 14' 44.8"</u>                  Method of Lat/Long (circle one): Conventional Survey,                  USGS quad, Hand-held GPS, Survey-grade GPS  <u>SW 1/4 SE 13 Twn 59 Rng 13 W</u>                  Distance Direction Nearest Town  <u>7.7 Miles West of Sauclier</u></p>
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**Well / Borehole Data**

Date drilling started: 3-14-16 Date drilling completed: 3-16-16 Hole depth: 380 Hole diameter: 4x2

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: \_\_\_\_\_

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.*

Purpose of Well (check one): Home  Industrial \_\_\_\_\_ Public Supply \_\_\_\_\_ Irrigation \_\_\_\_\_ Fish Culture \_\_\_\_\_ Other: \_\_\_\_\_

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

Static Water Level: 65 feet above or below (circle one) land surface Date measured: 3-18-16

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

Well depth: 380 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 360 feet Casing diameter: 4x2 inches Type of casing: PVC

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

Screen slot size: 1006 inches Setting depth: From 360 feet to 380 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: 200 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 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

County: Mississippi  
 Permit #: 0239  
 Driller: M. Will Pumpwell  
 Date completed: 3-16-16  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: A92  
 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>Darel Crosby</u> Mailing Address: <u>24217 Pampas Rd</u> <u>S94218 MS 39574</u> <small>City State Zip Code</small> Telephone No. (228) <u>832-0443</u>	Latitude: <u>30° 36' 19.2" N</u> Longitude: <u>89° 14' 44.8" W</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec. <u>F5 T55 R 13W</u> Distance Direction Nearest Town <u>7.7 Miles West of S94218</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> Bucket Piston <input type="radio"/> Turbine <input type="radio"/> Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> Other (specify): _____ Date Pump Installed: <u>3-18-16</u> Rated Pump Capacity: <u>20</u> Gallons Per Minute	Diesel Engine <input type="radio"/> <u>Gasoline Engine</u> <input type="radio"/> Natural Gas <input type="radio"/> Electric Motor Hand <input type="radio"/> Tractor PTO <input type="radio"/> Windmill <input type="radio"/> Other (specify): _____ Horse Power Rating of Motor: <u>1 h.p.</u> Setting Depth: <u>100</u> feet Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-18-16</u> Static Water Level (A): <u>65</u> Feet Below Land Surface Pumping Water Level (B): <u>100</u> Feet Below Land Surface Drawdown ((B) - (A)): <u>35</u> Feet Below Land Surface Test Pumping Rate: <u>20</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> <u>Steel Tap</u> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>50</u> GPM with a drawdown of <u>0</u> feet after <u>4</u> hours of pumping

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

[Signature] #0239  
 Print Name of Pump Installer and License No. (if applicable)

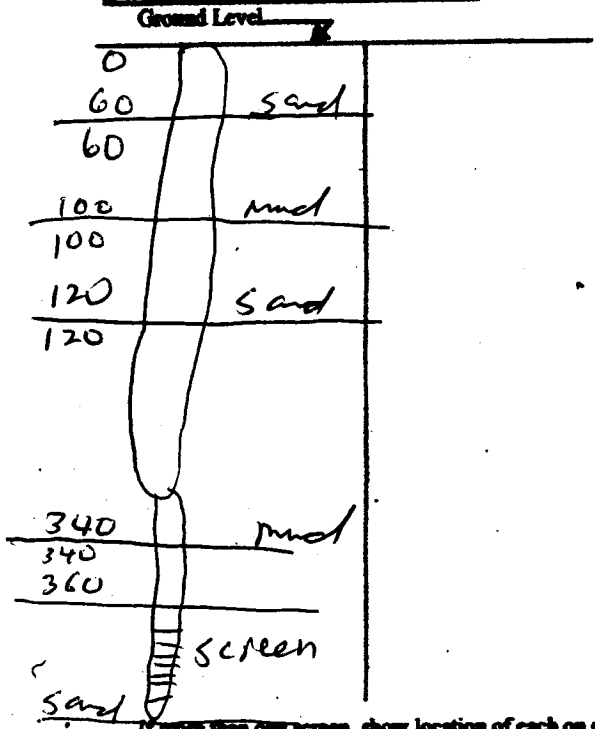
[Signature]  
 Signature of Pump Installer

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 Form: OLWR-SWR-1B

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The sketch below only required for water wells.

If well is cased, show depths on sketch.

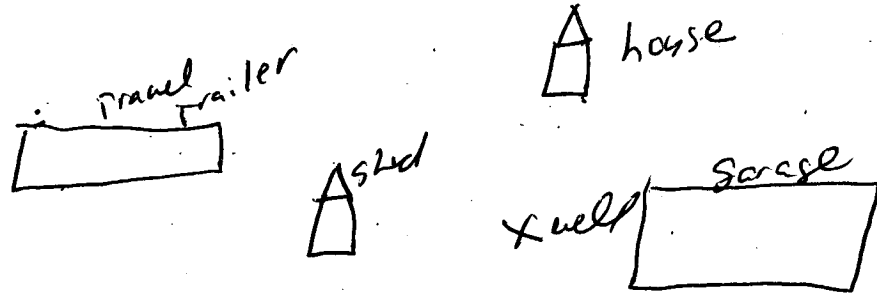


If more than one screen, show location of each on sketch.

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)
	Ground Level	
sand	0	60
mud	60	100
sand	100	120
mud	120	340
clay	340	360

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) a north arrow.



Landowner Name: Darel Crosby

Form: OLWR-SWR-1A

I 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 McCall #0239 4/11/14

[Signature]

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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