

# STATE WELL REPORT

168

County: Harrison  
 Permit #: \_\_\_\_\_  
 Driller: 0-285  
 Date drilling completed: 8-18-21

**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)961-5555  
 (601)961-5228 (fax)

## For Office Use Only:

Well #: A 99  
 Aquifer: \_\_\_\_\_  
 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.*

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Shannon Carnes</u>	Latitude: <u>30.560607</u> Longitude: <u>89.259261</u>
Mailing Address: <u>19090</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Mack Pete Rd</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Saucier</u> <u>MS</u> <u>39574</u>	<u>SE</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$ , Sec. <u>35</u> T. <u>5S</u> R. <u>13W</u>
City State Zip Code	_____ Miles _____ of _____
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>8-18-21</u> Date drilling completed: <u>8-18-21</u> Hole depth: <u>160'</u> Hole diameter: <u>5"</u>
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 (check all applicable): <input type="checkbox"/> log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: _____
Name of organization running log(s): _____
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (check all applicable): <input checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>50</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface Date measured: <u>8-18-21</u>
Method of measurement (check one) <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>160'</u> Well grouted to a depth of: <u>10</u> feet Type of grout (check one) <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>140</u> feet Casing diameter: <u>3</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>140'</u> feet to <u>160'</u> feet
Type of completion (check all applicable) <input type="checkbox"/> gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input checked="" type="checkbox"/> Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet
<i>If telescoped or more than one screen, describe on next page</i>

Permit #:

Well #:

*If well telescopes, show depths on sketch.*

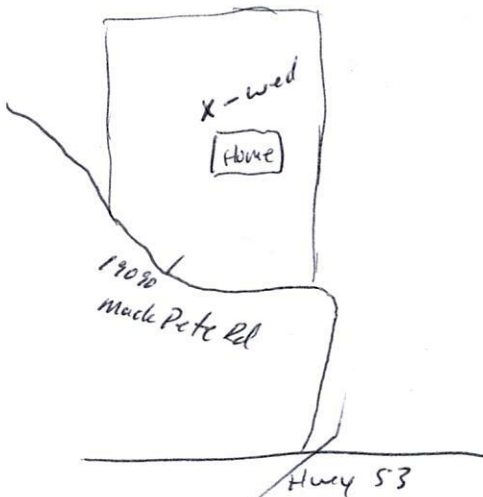
Ground Level

[illegible]

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

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



Landowner Name: Shannon Carnes

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.

MALVIN WAGNON 0-785  
Print Name of Responsible Licensee and License No.

8-18-21  
Date

Signature of Licensee



# 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 #: A99

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

County: Harrison  
Permit #: \_\_\_\_\_  
Driller: 0-785  
Date completed: 8-19-21  
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>Shannon Carnes</u>	Latitude: <u>30.560607</u> Longitude: <u>89.259261</u>
Mailing Address: <u>19090</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey _____
<u>Mack Pete Rd</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Saucier</u> <u>MS</u> <u>39574</u>	<u>SE</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$ , Sec <u>35</u> T <u>5S</u> R <u>13W</u>
City _____ State _____ Zip Code _____	_____ Miles _____ of _____
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

**Pump Type (check one)**

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

Date Pump Installed: 8-19-21 Rated Pump Capacity: 15 Gallons Per Minute

Is This Pump (check one): ☒ New ☐ Repaired ☐ Replacement

**Power Type (check one)**

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

Horse Power Rating of Motor: 1 Setting Depth: 100 feet Number of Stages: \_\_\_\_\_

**Pump Test Data for Non Flowing Well**

Date Well Tested: 8-19-21 Duration of Pump Test (minimum 4 hours): 24 hours

Static Water Level (A): 50 Feet Below Land Surface Pumping Water Level (B): 100 Feet Below Land Surface

Drawdown [(B) - (A)]: 50 Feet Below Land Surface Test Pumping Rate: 18 Gallons Per Minute

Method of measurement (check 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 (check 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.

MALVIN WAGNON 0-285 8-19-21 Mal - Wag

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer