

County: Harrison  
 Permit #: 0239  
 Driller: McMill Pump & Well  
 Date drilling completed: 10-16-15

**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: B 297  
 Well #: \_\_\_\_\_  
 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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>James Knight</u>	Latitude: <u>30° 26' 49.67" N</u> Longitude: <u>89° 9' 53.73" W</u>
Mailing Address: <u>22512 Saucier-Lizana</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Saucier</u> <u>MS</u> <u>39574</u>	USGS quad: <u>SE 1/4 NW 1/4 Sec 14 Twn 55 Rng 12W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(228) 234-3837</u>	<u>3.2 Miles West of Saucier</u>

**Well / Borehole Data**

Date drilling started 10-15-15 Date drilling completed 10-16-15 Hole depth: 340 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: \_\_\_\_\_

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 wash

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 10-16-15

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

Well depth: 340 Well grouted to a depth of 10 feet Type of grout (circle one): (Neat Cement) Bentonite Mix

Casing length: 320 feet Casing diameter: 2 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 320 feet to 340 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole (Natural Development)

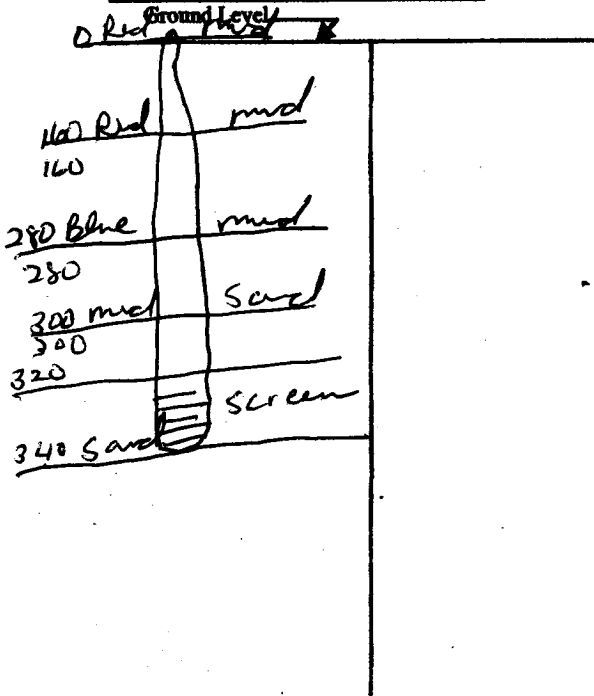
Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. *If telescoped or more than one screen, describe on next page.*

The sketch below only required for water wells.

If well telescopes, show depths on sketch.

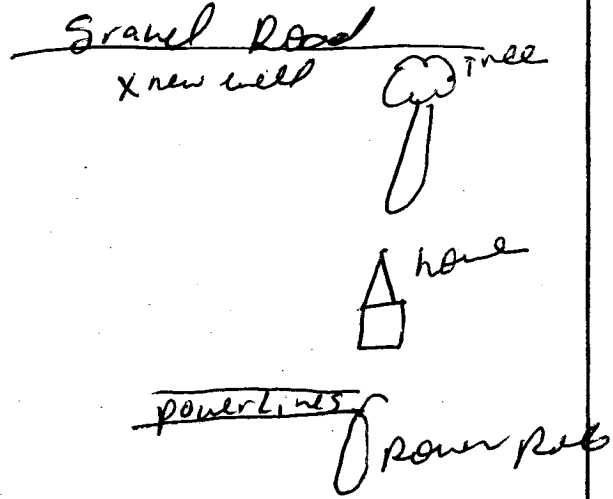
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations.



Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Red mud	0	160
Blue mud	160	280
mud / Sand	280	300
Sand	300	340

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) a north arrow.



Landowner Name: James Knight  
22512 SAULIER LIZSING RD  
SAULIER, MS 39574 228-234-3837

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 Knight Sr # 0731      11/9/15      [Signature]  
 Print Name of Responsible Licensee and License No.      Date      Signature of Licensee

NOV 12 2015

# 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 #: 0234  
 Driller: McBill Pump & Well  
 Date completed: 10-16-15  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: B293  
 Well #: \_\_\_\_\_  
 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>James Knight</u>	Latitude: <u>30° 36' 49.67" N</u> Longitude: <u>89° 9' 53.73" W</u>
Mailing Address: <u>22512 Saucier Lizana</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey _____
<u>Saucier MS 39574</u>	USGS quad _____, <input checked="" type="checkbox"/> Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec. <u>L4 T5S R 12W</u>
Telephone No. (228) <u>234-3837</u>	Distance Direction Nearest Town <u>2.2 Miles south of Saucier</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 h.p.</u>
Date Pump Installed: <u>10-17-15</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-17-15</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <input checked="" type="checkbox"/> <u>Steel Tape</u>
Static Water Level (A): <u>80</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>120</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): <u>20 40</u> Feet Below Land Surface	Well yielded <u>15</u> GPM with a drawdown of _____
Test Pumping Rate: <u>4</u> Gallons Per Minute	<u>20</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

Michael McMill SA #0234  
 Print Name of Pump Installer and License No. (if applicable)

  
 Signature of Pump Installer

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