

# 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 #: B293  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Harrison  
Permit #: \_\_\_\_\_  
Driller: \_\_\_\_\_  
Date drilling completed: \_\_\_\_\_

*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: <u>Jason Miller</u>	Latitude: <u>30.652909°</u> Longitude: <u>-89.153045°</u>
Mailing Address: <u>18731 Diamond Rd</u>	<u>30-39-10</u> <u>89-09-11</u>
	Method of Lat/Long (check one): Conventional Survey _____
	USGS quad <input checked="" type="checkbox"/> _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Saucier</u> <u>MS</u> <u>39574</u>	<u>NW 1/4 SE SW 1/4</u> , Sec <u>36</u> T <u>4S</u> R <u>12W</u>
City State Zip Code	<u>1.6</u> Miles <u>NW</u> of <u>Saucier, MS</u>
Telephone No. <u>(228) 341-4357</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data	
Date drilling started: <u>8/31</u>	Date drilling completed: <u>9/1</u> Hole depth: <u>68'</u> Hole diameter: <u>6"</u>
Location of the source of any surface water used for drilling: <u>N/A</u> <u>Municipal Water Used</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>N/A</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): <u>N/A</u>	
Purpose of borehole (circle one): <input checked="" type="radio"/> Water Well <input type="radio"/> Geotechnical/Geological Investigation <input type="radio"/> 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 (circle all applicable): <input checked="" type="radio"/> Home <input type="radio"/> Industrial <input type="radio"/> Public Supply <input type="radio"/> Irrigation <input type="radio"/> Fish Culture	
Other (describe): _____	
If a flowing well, method of flow regulation: Valve <u>N/A</u> Other (describe) _____	
Static Water Level: <u>45'</u> feet [above or <input checked="" type="radio"/> below] land surface Date measured: <u>9/1</u>	
Method of measurement (circle one): <input checked="" type="radio"/> Steel tape <input type="radio"/> Electric tape <input type="radio"/> Air line Other (describe): _____	
Well depth: <u>68</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): <input checked="" type="radio"/> Neat Cement <input type="radio"/> Bentonite <input type="radio"/> Mix	
Casing length: <u>58</u> feet	Casing diameter: <u>4"</u> inches Type of casing: <u>Sch 40 PVC</u>
Screen length: <u>10</u> feet	Screen diameter: <u>4"</u> inches Type of screen: <u>Sch 40 PVC</u>
Screen slot size: <u>0.008</u> inches Setting depth: From <u>58</u> feet to <u>68</u> feet	
Type of completion (circle all applicable): Gravel packed <input type="radio"/> Underreamed <input type="radio"/> Open hole <input checked="" type="radio"/> Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet	

*If telescoped or more than one screen, describe on next page*

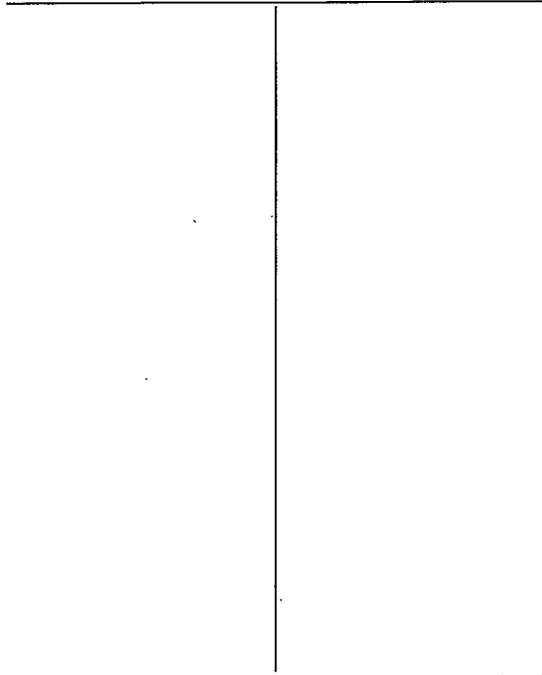
County: Harrison  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
 Well #: B293

**The sketch below only required for water wells**

**If well telescopes, show depths on sketch.**

Ground Level →



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

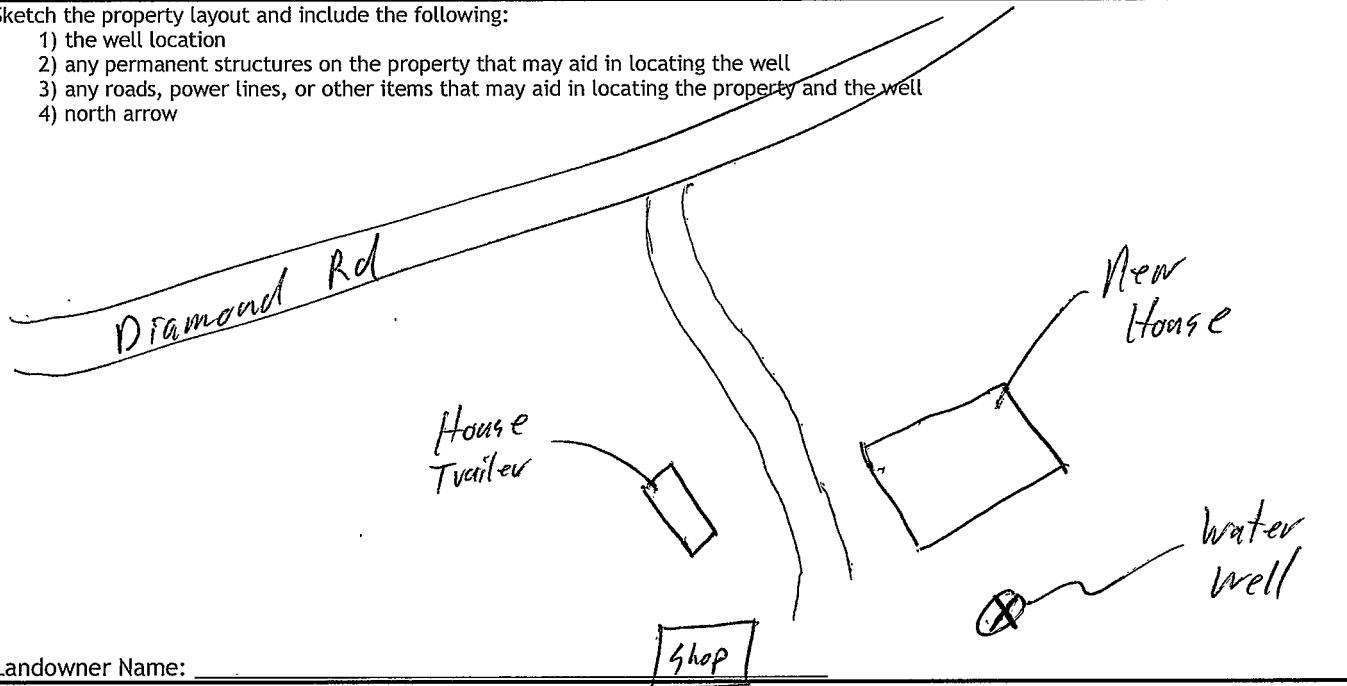
Description of Formations Encountered	From (depth)	To (depth)
<u>Rd Brown Clayes sand</u>	<u>Ground level</u>	<u>20'</u>
<u>Lt gr to Gray Clay</u>	<u>20'</u>	<u>55'</u>
<u>Gray silty sand</u>	<u>55'</u>	<u>65'</u>

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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: \_\_\_\_\_

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.

Heath E. Williams 0-790 9/6/17 [Signature]  
 Print Name of Responsible Licensee and License No.      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 #: B293

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

County: Harrison  
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	Well Location
Owner Name: <u>Jason Miller</u>	Latitude: <u>30.652909°</u> Longitude: <u>-89.153045°</u>
Mailing Address: <u>18731 Diamond Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, <u>30-39-10</u> <u>89-09-11</u>
<u>Saucer</u> <u>MS</u> <u>39574</u>	USGS quad <input checked="" type="checkbox"/> , Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>NW 1/4 SE SW 1/4</u> , Sec <u>36</u> T <u>4S</u> R <u>12W</u>
Telephone No. ( <u>228</u> ) <u>341-4357</u>	<u>1.6</u> Miles <u>NW</u> of <u>Saucer, MS</u> (Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 9/5/17 Rated Pump Capacity: 10 **SEP 11 2017** 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: 1 Hp Setting Depth: 60' feet Number of Stages: 15

**Pump Test Data for Non Flowing Well**

Date Well Tested: 9/5/17 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 45 Feet Below Land Surface Pumping Water Level (B): 55 Feet Below Land Surface

Drawdown [(B) - (A)]: 10 Feet Below Land Surface Test Pumping Rate: 13.6 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. N/A

Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation**

Meter Manufacturer: \_\_\_\_\_ Meter Serial Number: N/A

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: \_\_\_\_\_

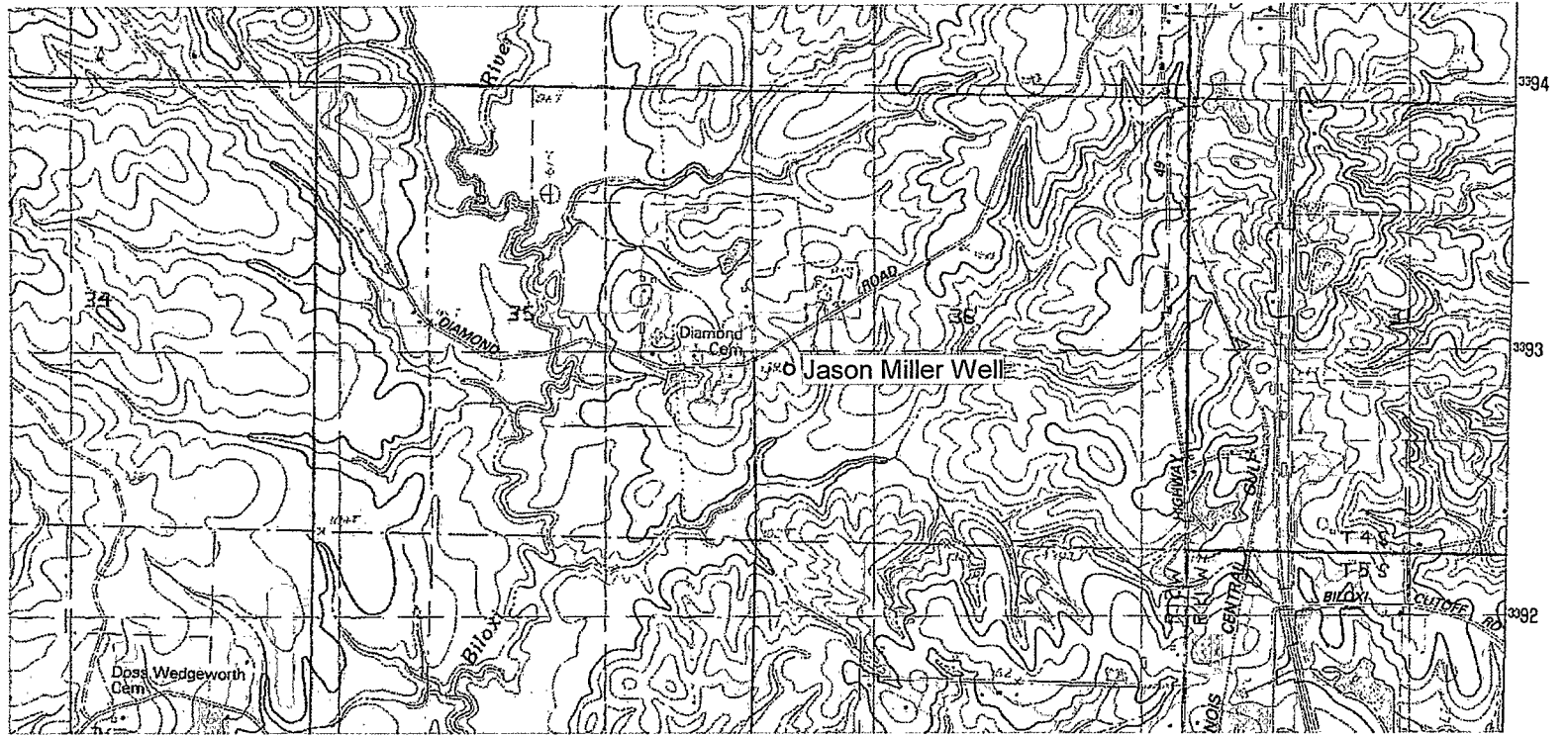
Is This Meter (circle one):  New  Repaired  Replacement

*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.

Heath E. Williams 0-790 9/6/17 [Signature]

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



Harrison Co.

B293

10000



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# Untitled Map

Write a description for your map.

## Legend

-  18731 Diamond Rd
-  Jason Miller Well



200 ft