

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

For Office Use Only:

Well #: B294
Aquifer: _____
E-Log #: _____

County: Harrison
Permit #: 0239
Driller: McGill Pump well
Date drilling completed: 6-19-18

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>William Murray</u>	Latitude: <u>30° 33' 52.99" N</u> Longitude: <u>89° 9' 57.68" W</u>
Mailing Address: <u>New Jewellery</u> <u>Borzik Rd</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Saucier</u> MS <u>39574</u>	<u>NE</u> ¼ <u>SW</u> ¼, Sec <u>35</u> T <u>5S</u> R <u>12W</u>
City State Zip Code	<u>7.5</u> Miles <u>NW</u> of <u>LYMAN</u>
Telephone No. <u>(228) 313-4171</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 6-18-18 Date drilling completed: 6-19-18 Hole depth: 220 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: NA

Logs run (check all applicable): log run Electric Gamma Ray Density Sonic Neutron Other: NO LOG R41

Name of organization running log(s): NA

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 all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) Back wash valve

Static Water Level: 50 feet above or below land surface Date measured: 6-19-18
(check one)

Method of measurement (check one): Steel tape Electric tape Air line Other (describe): _____

Well depth: 220 Well grouted to a depth of: 10 feet Type of grout (check one): Neat Cement Bentonite Mix

Casing length: 200 feet Casing diameter: 4x2 inches Type of casing: PVC

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

Screen slot size: .006 inches Setting depth: From 200 feet to 220 feet

Type of completion (check all applicable): gravel packed Underreamed Open hole Natural Development

Other (describe): _____

Top of tap pipe or reduction in casing: 160 feet

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

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)

County: HARRISON
Permit #: 0239
Driller: McBillo print
Date completed: 6-21-18
Copy information from block on Part 1

For Office Use Only:
Well #: B 294
Aquifer: _____

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>William Murray</u>	Latitude: <u>30° 33' 52.99"</u> Longitude: <u>89° 9' 57.68"</u>
Mailing Address: <u>New Jewell</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Bob Zik dot</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Saucier</u> MS <u>39574</u>	<u>NE 1/4 SW 1/4, Sec 35 T55 R 12W</u>
City State Zip Code	<u>7.5</u> Miles <u>NW</u> of <u>LYMAN</u>
Telephone No. <u>(228) 313-4171</u>	(Distance) (Direction) (Nearest Town)

Pump Type (check one)
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: 6-21-18 Rated Pump Capacity: 20 Gallons Per Minute
Is This Pump (check one): New Repaired Replacement

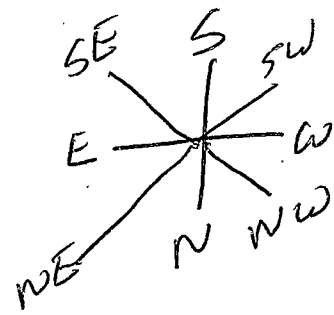
Power Type (check one)
Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
Horse Power Rating of Motor: 1 Setting Depth: 100 feet Number of Stages: 7

Pump Test Data for Non Flowing Well
Date Well Tested: 6-21-18 Duration of Pump Test (minimum 4 hours): 4 hours
Static Water Level (A): 50 Feet Below Land Surface Pumping Water Level (B): 100 Feet Below Land Surface
Drawdown [(B) - (A)]: 0 Feet Below Land Surface Test Pumping Rate: 20 Gallons Per Minute
Method of measurement (check one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well N/A
Measured shut in head: _____ feet.
Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation N/A
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.
Michael Macdonell # 0239 7/18/18 [Signature]
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer



Shaw Rd

Trailer Park

Storage units

West Worsham Rd

River Line Dr

Borzik Rd

Au Barn

Gravel

power pole

power BOX

*resused

Worthop Dr

