

**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)

County: Harrison  
Permit #: 0234  
Driller: Mike McMill  
Date drilling completed: \_\_\_\_\_

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: E189  
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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Garion Gullett Homes</u>	Latitude: <u>30° 32' 57"</u> Longitude: <u>89° 15' 11"</u> ?
Mailing Address: <u>Ryland Ridge</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Saucier, MS 38574</u> City State Zip Code	NW 1/4 SW 1/4 Sec <u>1</u> Twn <u>6S</u> Rng <u>13W</u>
Telephone No. <u>(228) 204-4223 - 228 204-1119</u>	Distance <u>14</u> Miles Direction <u>North</u> of Nearest Town <u>Gulfport</u>

**Well / Borehole Data**

Date drilling started: 5-11-13 Date drilling completed: 5-15-13 Hole depth: 600' Hole diameter: 2"

Location of the source of any surface water used for drilling: Well  
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) \_\_\_\_\_

Static Water Level: 100 feet above or below (circle one) land surface Date measured: 5-15-13

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

Well depth: 600 Well grouted to a depth of 10 feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 580' feet Casing diameter: 2" inches Type of casing: PVC

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

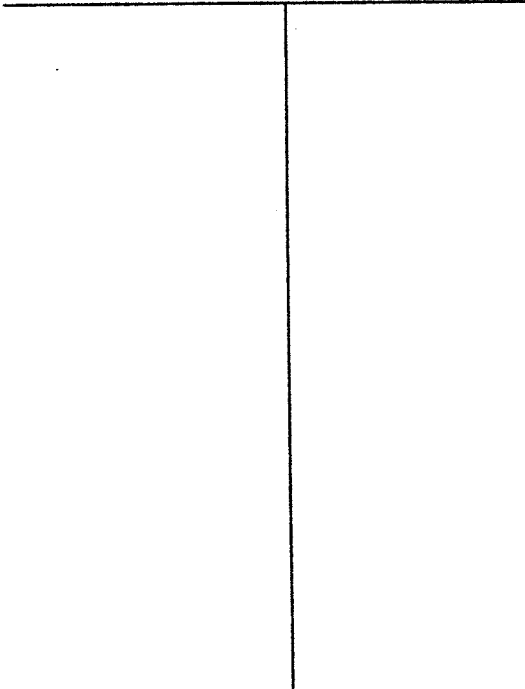
Screen slot size: .0006 inches Setting depth: From 580 feet to 600 feet

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*

If well telescopes please sketch below and show depths.

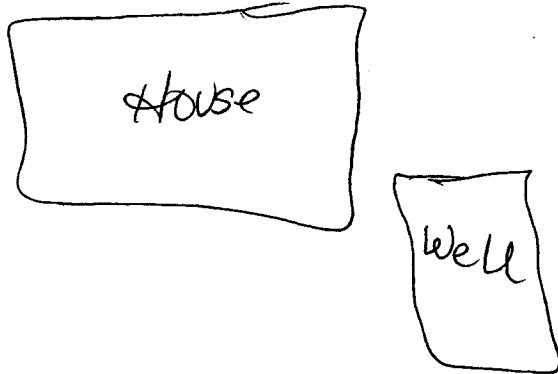
Ground Level



Description of Formations Encountered	From	To
Mud	0	140
Sand	140	150
Mud	150	390
Sand	390	410
Mud	410	570
Sand	570	600

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) indicate direction.



Landowner Name: \_\_\_\_\_

# 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 #: 0239  
 Driller: Mike McMill  
 Date completed: \_\_\_\_\_  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: E189  
 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>Gaughan Homes</u> Mailing Address: <u>(Ryland Ridge)</u>  <u>Sauzier, MS 39574</u> <small>City State Zip Code</small>  Telephone No. <u>(228) 200-6233</u> <sup>258</sup> <u>200-1619</u>	Latitude: <u>30-32-57</u> Longitude: <u>89-15-11</u> ? Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>NW 1/4 SW 1/4 Sec 1 T10S R13W</u> Distance Direction Nearest Town <u>14 Miles NORTH of Gulfport</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> <u>Jet</u> Submersible Bucket      Piston      Turbine Centrifugal      Rotary      Flowing Well Other (specify): _____ Date Pump Installed: <u>5-15-13</u> Rated Pump Capacity: <u>12</u> Gallons Per Minute	Diesel Engine      Gasoline Engine      Natural Gas <input checked="" type="radio"/> <u>Electric Motor</u> Hand      Tractor PTO Windmill      Other (specify): _____ Horse Power Rating of Motor: <u>1</u> Setting Depth: <u>120 (set)</u> feet Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-15-13</u> Static Water Level (A): <u>100'</u> Feet Below Land Surface Pumping Water Level (B): <u>120</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>8</u> Feet Below Land Surface Test Pumping Rate: <u>7</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Air Line      Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>7</u> GPM with a drawdown of <u>8</u> feet after <u>4</u> hours of pumping