

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 #: E201
Aquifer: _____
E-Log #: _____

County: Harrison
Permit #: _____
Driller: 0785
Date drilling completed: 5-16-19

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>Joel + Jennifer Gamble</u>	Latitude: <u>30.541707</u> Longitude: <u>89.241500</u>
Mailing Address: <u>24021</u>	Method of Lat/Long (check one): Conventional Survey _____,
<u>Captians Ct. Lot #7</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Gulfport</u> <u>MS</u> <u>39503</u>	<u>NE</u> ¼ <u>NE</u> ¼, Sec <u>12</u> T <u>6S</u> R <u>13W</u>
City State Zip Code	_____ Miles _____ of _____
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 5-14 Date drilling completed: 5-16 Hole depth: 170' Hole diameter: 5"

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): 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 all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): _____

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

Static Water Level: 20 feet above or below land surface Date measured: 5-16-19
(check one)

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

Well depth: 170 Well grouted to a depth of: 10 feet Type of grout (check one) Neat Cement Bentonite Mix

Casing length: 150 feet Casing diameter: 3 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 150 feet to 170 feet

Type of completion (check all applicable) gravel packed Underreamed 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

RECEIVED
JUN 12 2019
BY OLWR

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 #: E201
Aquifer: _____

County: Harrison
Permit #: _____
Driller: D-759
Date completed: 5-17-19
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>Joel + Jennifer Gamble</u>	Latitude: <u>30.541707</u> Longitude: <u>89.241500</u>
Mailing Address: <u>24021</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Captrians Ct. Lot #7</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Gulfport</u> <u>MS</u> <u>39503</u>	_____ 1/4 _____ 1/4, Sec _____ T _____ R _____
City State Zip Code	Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. () _____	

Pump Type (check one)
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: 5-17-19 Rated Pump Capacity: _____ 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: 80 feet Number of Stages: _____

Pump Test Data for Non Flowing Well
Date Well Tested: 5-17-19 Duration of Pump Test (minimum 4 hours): 24 hours
Static Water Level (A): 20 Feet Below Land Surface Pumping Water Level (B): 80 Feet Below Land Surface
Drawdown [(B) - (A)]: 60 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.
REGGIE PETERMAN D759 5-17-19 Reggie Peterman
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer