

**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 #: \_\_\_\_\_  
Driller: 0-785  
Date drilling completed: 3-6-17

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: F521  
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.*

<p align="center"><b>Information on Well Owner</b> <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Brian Smith</u> Mailing Address: <u>24049</u> <u>Rose Blud.</u> <u>Gulfport</u> <u>MS</u> <u>39503</u> City State Zip Code Telephone No. ( ) _____</p>	<p align="center"><b>Well or Borehole Location</b></p> <p>N <u>30.488299°</u> E <u>89.239135°</u> Latitude: _____ Longitude: _____ <u>30-29-18</u> <u>89-14-21</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS <u>SW</u> <u>1/4 SW</u> <u>1/4 Sec</u> <u>30</u> <u>Twn 65</u> <u>Rng 12W</u> Distance Direction Nearest Town _____ Miles _____ of _____</p>
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**Well / Borehole Data**

Date drilling started: 3-6-17 Date drilling completed: 3-6-17 Hole depth: 140' 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 (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: 25 feet above or below (circle one) land surface Date measured: 3-6-17

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

Well depth: 140' Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 130 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 130 feet to 140 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*

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# 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 #: \_\_\_\_\_  
 Driller: 0-785  
 Date completed: 3-7-17  
 Copy information from block on Part 1

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: F521  
 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>Brian Smith</u>	Latitude: <u>N 30.488299°</u> Longitude: <u>E-89.239135°</u>
Mailing Address: <u>24049</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Rose Blvd.</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Gulfport Ms. 39503</u>	<u>SW 1/4 SW 1/4 Sec 30 T 6 S R 12 W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>3-7-17</u>	Setting Depth: _____ feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-7-17</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>25</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>60</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>35</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	

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

MALVIN WAGNON 0-785 Malvin Wagon  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 Form: OLWR-SWR-1B  
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