

# 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)

County: Harrison  
Permit #: 0239  
Driller: Mr. Bill Pump & Well  
Date drilling completed: 4-5-17

**For Office Use Only:**  
Well #: H 656  
Aquifer: \_\_\_\_\_  
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.*

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Richard Fagser</u>	Latitude: <u>30° 30' 31.89" N</u> Longitude: <u>88° 56' 33.39" W</u>
Mailing Address: <u>6268 Krohn Lane</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Biloxie</u> MS <u>39532</u>	<u>SW 1/4 NE 1/4, Sec 24 T 65 R 10 W</u>
City State Zip Code	<u>6.8</u> Miles <u>East</u> of <u>Woolmarket</u>
Telephone No. <u>(228) 697-0472</u>	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 4-3-17 Date drilling completed: 4-5-17 Hole depth: 340 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 (circle all applicable):  No log run  Electric  Gamma Ray  Density  Sonic  Neutron  Other: \_\_\_\_\_

Name of organization running log(s): NA

Purpose of borehole (circle one):  Water Well  Geotechnical/Geological Investigation  Ground Source Heat Pump  
 Seismic Survey  Other (describe) \_\_\_\_\_

**RECEIVED**

Purpose of Well (circle all applicable):  Home  Industrial  Public Supply  Irrigation  Fish Culture APR 14 2017

Other (describe): \_\_\_\_\_

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) BACK WASH VALVE

Static Water Level: 110 feet [above or  below] land surface Date measured: 4-7-17  
(circle one)

Method of measurement (circle one):  Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_

Well depth: 340 Well grouted to a depth of: 10 feet Type of grout (circle one):  Neat Cement  Bentonite  Mix

Casing length: 320 feet Casing diameter: 4.75 inches Type of casing: PVC

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

Screen slot size: 1.006 inches Setting depth: From 320 feet to 340 feet

Type of completion (circle all applicable):  Gravel packed  Underreamed  Open hole  Natural Development

Other (describe): \_\_\_\_\_

Top of lap 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  
 Well 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 #: H656  
 Aquifer: \_\_\_\_\_

County: HARRISON  
 Permit #: 0239  
 Driller: McBill Pump  
 Date completed: 0239  
*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>Richard Falser</u>	Latitude: <u>30°30'31.89"</u> Longitude: <u>88°56'33.39"</u>
Mailing Address: <u>6268 Krohn Lane</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Biloxie</u> <u>MS</u> <u>39532</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 NE 1/4, Sec 8, T 6 S R 10 W</u>
Telephone No. <u>(228) 697-0472</u>	<u>6.8</u> Miles <u>East</u> of <u>Woolmarket</u>
	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 4-7-17 Rated Pump Capacity: 20 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 Setting Depth: 150 feet Number of Stages: 7

**Pump Test Data for Non Flowing Well**

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

Static Water Level (A): 110 Feet Below Land Surface Pumping Water Level (B): 150 Feet Below Land Surface

Drawdown [(B) - (A)]: 20 Feet Below Land Surface Test Pumping Rate: 50 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

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

**Meter Installation**

Meter Manufacturer: \_\_\_\_\_ Meter Serial Number: RECEIVED

Meter Model Number/Name: \_\_\_\_\_ Type of Meter: APR 14 2017

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_

Installation Date: \_\_\_\_\_ Meter installed by: BY OLWR

Is This Meter (circle one):  New  Repaired  Replacement

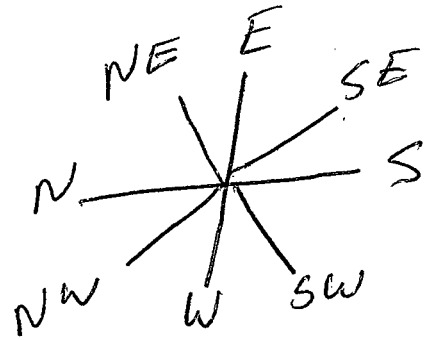
*Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.*

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

Michael McBill #0239 4/11/17 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Form: OLWR-SWR-2A (4/13)





H656

Big John Rd

Krohn Lane



6268  
Krohn Lane

Tree  
Annoise  
w/ tree  
x well

Hwy 67

RECEIVED  
APR 14 2017  
BY OLWR