

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)

135

For Office Use Only:

Well #: H 705
Aquifer: _____
E-Log #: _____

County: Harrison
Permit #: _____
Driller: Logan Well
Date drilling completed: 7/15/2020

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.

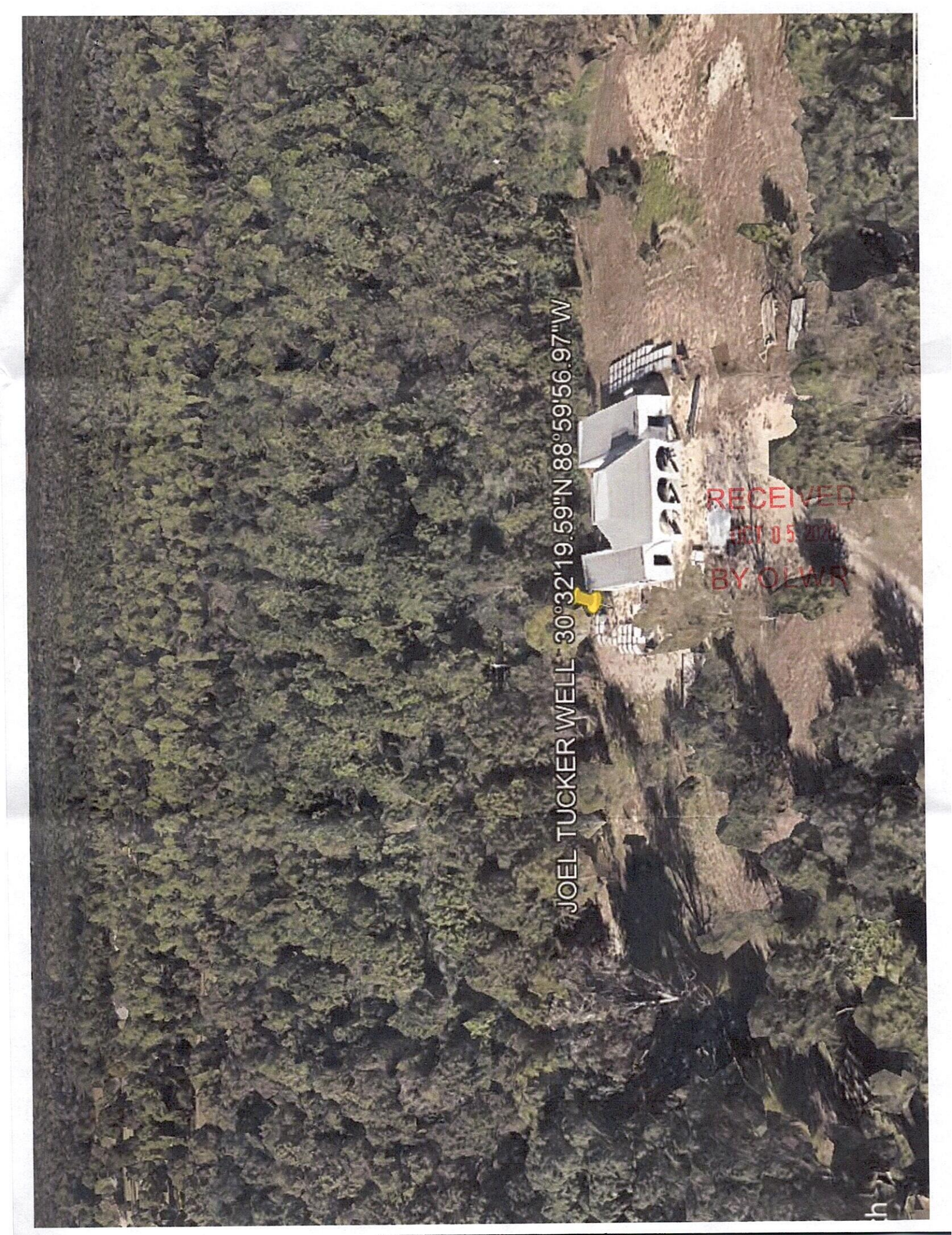
Well Owner Information <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Joel Tucker</u>	Latitude: <u>30 32 19.59</u> Longitude: <u>88 59 56.97</u>
Mailing Address: <u>17412</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Hwy 67 Biloxi 39532</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Biloxi MS 39532</u>	<u>SW 1/4 NW 1/4, Sec 9 T 6S R 10W</u>
City <u>904</u> State <u>MS</u> Zip Code <u>39532</u>	_____ Miles _____ of _____
Telephone No. <u>(228) 314-3464</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data	
Date drilling started: <u>7/9/2020</u> Date drilling completed: <u>7/15/2020</u> Hole depth: <u>540</u> Hole diameter: <u>7 7/8"</u>	
Location of the source of any surface water used for drilling: <u>NA</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>bleach</u>	
Logs run (check all applicable): <input checked="" type="checkbox"/> log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input type="checkbox"/> <input checked="" type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check all applicable): <input checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture	
Other (describe): _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>131</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface Date measured: <u>7/15/2020</u> (check one)	
Method of measurement (check one) <input type="checkbox"/> Steel tape <input checked="" type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____	
Well depth: <u>540</u> Well grouted to a depth of: <u>15</u> feet Type of grout (check one) <input type="checkbox"/> Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix	
Casing length: <u>510</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>30</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>Saw</u>	
Screen slot size: <u>1006</u> inches Setting depth: From <u>510</u> feet to <u>540</u> feet	
Type of completion (check all applicable) <input type="checkbox"/> gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input checked="" type="checkbox"/> Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet	
<i>If telescoped or more than one screen, describe on next page</i>	

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JOEL TUCKER WELL 30°32'19.59"N 88°59'56.97"W

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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 2309
 Jackson, MS 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

For Office Use Only:

Well #: H 705
 Aquifer: _____

County: Harrison
 Permit #: _____
 Driller: Lyman Well
 Date completed: 7/27/2020
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 Tucker</u>	Latitude: <u>30 32 19.59</u> Longitude: <u>88 59 56.97</u>
Mailing Address: <u>17412 Hwy 67</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Biloxi</u> <u>MS</u> <u>39532</u>	<u>SW</u> 1/4 <u>NW</u> 1/4, Sec <u>9</u> T <u>6S</u> R <u>10W</u>
City <u>904</u> State <u>MS</u> Zip Code <u>39532</u>	Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. <u>(228) 314-3464</u>	

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Pump Type (check one)

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

Date Pump Installed: 7/27/2020 Rated Pump Capacity: 45 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: 5 Setting Depth: 180 feet Number of Stages: 17

Pump Test Data for Non Flowing Well

Date Well Tested: 7/27/2020 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 131 Feet Below Land Surface Pumping Water Level (B): 158 Feet Below Land Surface

Drawdown [(B) - (A)]: 27 Feet Below Land Surface Test Pumping Rate: 60 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 60 GPM with a drawdown of 27 feet after 4 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.

Josh Cochran 0-640 8/10/20 [Signature]

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer