

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)

For Office Use Only:

Aquifer: _____
Well #: J407
L. S. Elevation: _____
E-log #: _____

County: Harrison
Permit #: 0239
Driller: McNeil Pump & Well
Date drilling completed: 05/20/13

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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>GARION Homes</u>	Latitude: <u>30° 23' 31"</u> Longitude: <u>89° 16' 08"</u>
Mailing Address: <u>Magnolia Walk</u> <u>Lot # 10</u> <u>P.O. Ms. 39571</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>1R 1/4 SW 1/4 Sec 25 Twn 7S Rng 13W</u>
Telephone No. <u>228 206-6223</u>	Distance: <u>4</u> Miles Direction: <u>North</u> of Nearest Town: <u>Dehalo</u>
Well / Borehole Data	
Date drilling started: <u>5-18-13</u> Date drilling completed: <u>5-20-13</u> Hole depth: <u>500'</u> Hole diameter: <u>2"</u>	
Location of the source of any surface water used for drilling: <u>Well</u>	
Method of dosing and volume of Chlorine used in drilling and development: _____	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): <u>None</u>	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____	
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 one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>80</u> feet above or below (circle one) land surface Date measured: <u>5-20-13</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Well depth: <u>500</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): <u>Neat Cement</u> Bentonite Mix	
Casing length: <u>480</u> feet Casing diameter: <u>2"</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>20</u> feet Screen diameter: <u>2"</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.0026</u> inches Setting depth: From <u>480</u> feet to <u>500</u> feet	
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u>	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	

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)

For Office Use Only:

Aquifer: _____

Well #: J407

Elevation: _____

County: Hancock
 Permit #: 0239
 Driller: McNeil Pump & Well
 Date completed: 05/20/13
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

Owner Name: GARION Homes
 Mailing Address: Magravia Walk
Lot # 10
P.O. MS - 39571
 City State Zip Code
 Telephone No. () _____

Well Location

Latitude: 30-23-31 Longitude: 89-16-08
 Method of Lat/Long (check one): Conventional Survey _____
 USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
1R 1/4 SW 1/4 Sec 2S T7S R13W
 Distance Direction Nearest Town
4 Miles North of Delisle

Pump Type
Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 5-20-13
 Rated Pump Capacity: 12 Gallons Per Minute

Power Type
Circle one

Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____
 Horse Power Rating of Motor: 1
 Setting Depth: 100 feet
 Number of Stages: 2

Pump Test Data

Date Well Tested: 5-20-13
 Static Water Level (A): 80 Feet Below Land Surface
 Pumping Water Level (B): 100 Feet Below Land Surface
 Drawdown [(B) - (A)]: 10 Feet Below Land Surface
 Test Pumping Rate: 12 Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level
Circle one

Air Line Electric Measuring Line Steel Tape
 Other (specify): _____
 For flowing well, measured shut in head: _____ feet
 Well yielded 12 GPM with a drawdown of
10 feet after 4 hours of pumping