

County: Harrison  
 Permit #: 0239  
 Driller: McGill Pump & Well  
 Date drilling completed: 10-2-15

**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: J 4124  
 Well #: \_\_\_\_\_  
 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><b>Information on Well Owner</b>          (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Aussie Bloom</u>          Mailing Address: <u>7350 woodland drive</u>  <u>Lot 23</u>  <u>Pass Christian MS 39571</u>          City State Zip Code          Telephone No. <u>(228) 547-0326</u></p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>30.23.3224</u> Longitude: <u>89.14.3124</u> <sup>N</sup></p> <p>Method of Lat/Long (circle one): Conventional Survey,          USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS</p> <p><u>SW</u> 1/4 <u>SE</u> 1/4 Sec <u>E1936</u> Twn <u>7S</u> Rng <u>13W</u></p> <p>Distance Direction Nearest Town  <u>8.2</u> Miles <u>NW</u> of <u>Pass Christian</u></p>
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**Well / Borehole Data**

Date drilling started: 10-1-15 Date drilling completed: 10-2-15 Hole depth: 380 Hole diameter: 4x2

Location of the source of any surface water used for drilling: water well

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) Back wash

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 10-3-15

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

Well depth: 380 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 360 feet Casing diameter: 4x2 inches Type of casing: PVC

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

Screen slot size: 1006 inches Setting depth: From 360 feet to 380 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: 200 feet. *If telescoped or more than one screen, describe on next page*

NOV 17 2015



# 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 #: 0239  
 Driller: MC Bill Pumpwell  
 Date completed: 10-2-15  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: 5414  
 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>Russle Bloom</u>	Latitude: <u>30° 23' 32.24" N</u> Longitude: <u>89° 14' 31.24" W</u>
Mailing Address: <u>7350 Woodland Drive</u> <u>Lot 23</u> <u>PASS Christian MS 39571</u> City State Zip Code	Method of Lat/Long (check one): Conventional Survey _____ USGS quad <u>(Hand-held GPS)</u> , Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec. <u>E19</u> T <u>7S</u> R <u>13W</u>
Telephone No. <u>(228) 547-0326</u>	Distance Direction Nearest Town <u>8.2</u> Miles <u>NE</u> of <u>PASS Christian</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2</u>
Date Pump Installed: <u>10-3-15</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>25</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-3-15</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u>
Static Water Level (A): <u>60</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>120</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): <u>60/10</u> Feet Below Land Surface	Well yielded <u>25</u> GPM with a drawdown of
Test Pumping Rate: <u>25</u> Gallons Per Minute	<u>10</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

Michael McMill SL# 0239 Mr Mc NOV 12 2015  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer