

# 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)

### For Office Use Only:

Well #: JA17  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Harrison  
Permit #: 0239  
Driller: McBill Pump well  
Date drilling completed: 5-16-17

*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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Shawn Weathersby</u>	Latitude: <u>30°27'12.4" N</u> Longitude: <u>89°14'50.09" W</u>
Mailing Address: <u>24614 marepoint Drive</u>	Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Pass Christian MS 39571</u> City State Zip Code	USGS quad _____, Sec <u>12</u> T <u>75</u> R <u>13W</u>
Telephone No. <u>(404) 583-0472</u>	<u>5.5</u> Miles <u>north</u> of <u>De Lisle</u> (Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 5-15-17 Date drilling completed: 5-16-17 Hole depth: 600 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 (check all applicable):  log run  Electric  Gamma Ray  Density  Sonic  Neutron Other: NO LOG RUN

Name of organization running log(s): NA

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 all applicable):  Home  Industrial  Public Supply  Irrigation  Fish Culture

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

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) Back wash valve

Static Water Level: 80 feet  above or  below land surface Date measured: 5-16-17  
(check one)

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

Well depth: 600 Well grouted to a depth of: 10 feet Type of grout (check one)  Neat Cement  Bentonite  Mix

Casing length: 580 feet Casing diameter: 4x2 inches Type of casing: PVC

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

Screen slot size: .006 inches Setting depth: From 580 feet to 600 feet

Type of completion (check all applicable)  gravel packed  Underreamed  Open hole  Natural Development

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

Top of lap pipe or reduction in casing: 220 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 2309  
Jackson, MS 39225-2309  
(601)961-5210  
(601) 360-0535 (fax)

#### For Office Use Only:

Well #: J417

Aquifer: \_\_\_\_\_

County: Harrison  
 Permit #: 0239  
 Driller: MC Bill Pumpwell  
 Date completed: 5-17-17  
*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>Shawn Weathersby</u>	Latitude: <u>30° 27' 1.24" N</u> Longitude: <u>89° 14' 50.09" W</u>
Mailing Address: <u>24614 mare point Drive</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Doss Christian MS 39571</u> City State Zip Code	<u>SW 1/4 NE 1/4, Sec 12 T 7S R 13W</u>
Telephone No. <u>(404) 583-0472</u>	<u>5.5 Miles north of De Lisle</u> (Distance) (Direction) (Nearest Town)

**Pump Type (check one)**

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

Date Pump Installed: 5-17-17 Rated Pump Capacity: 30 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: 1 1/2 Setting Depth: 120 feet Number of Stages: 10

**Pump Test Data for Non Flowing Well**

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

Static Water Level (A): 80 Feet Below Land Surface Pumping Water Level (B): 120 Feet Below Land Surface

Drawdown [(B) - (A)]: 10 Feet Below Land Surface Test Pumping Rate: 50 Gallons Per Minute

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

**Pump Test Data for Flowing Well** NA

Measured shut in head: \_\_\_\_\_ feet.

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

**Meter Installation** NA

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.*

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

Michael McMill SRH 0239 6/13/17 [Signature]  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

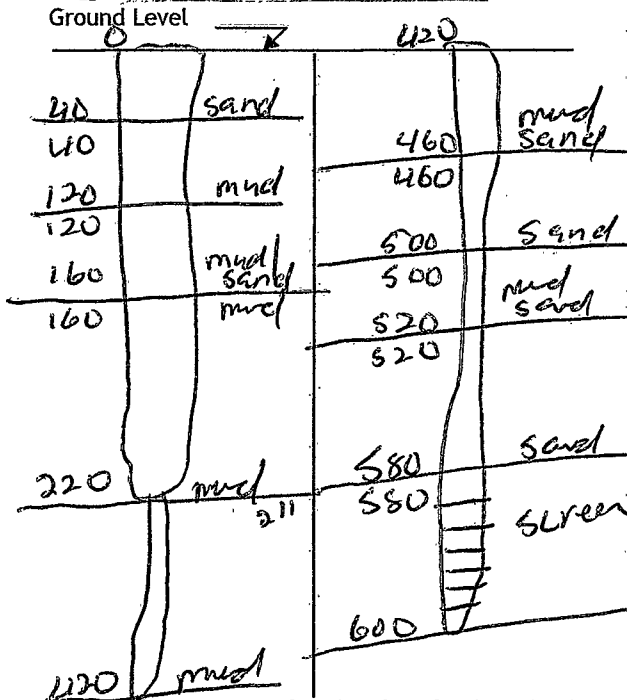
County: Harrison  
 Permit #: 0239

**For Office Use Only:**  
 Well #: JA17

The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch:



Description of Formations Encountered	From (depth)	To (depth)
	Ground level	
sand	0	40
mud	40	120
mud / sand	120	160
mud	160	420
mud / sand	420	460
sand	460	500
mud / sand	500	520
sand	520	600

If more than one screen, show location of each on sketch

Sketch the property layout and include the following:

- 1) the well location
- 2) any permanent structures on the property that may aid in locating the well
- 3) any roads, power lines, or other items that may aid in locating the property and the well
- 4) north arrow

See Back Page

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Landowner Name: Shawn Weathersby

I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Michael McNeil 84-0239

6/13/17

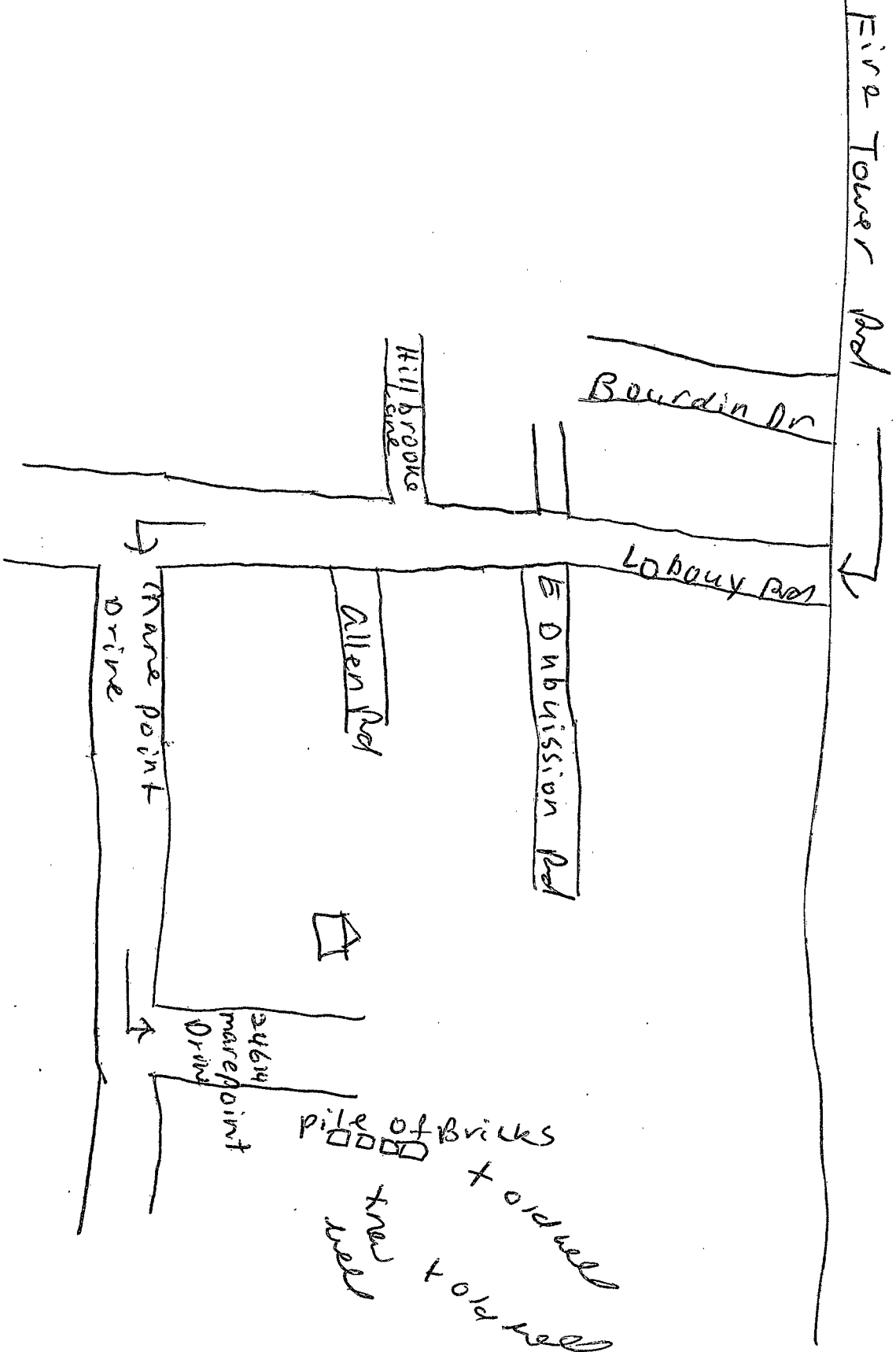
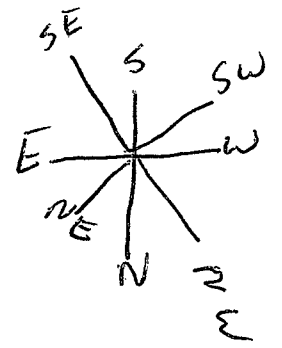
[Signature]

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

J417



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