

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)

For Office Use Only:

Well #: J420
Aquifer: _____
E-Log #: _____

County: Harrison
Permit #: 0239
Driller: MLG: Pump Well
Date drilling completed: 4-25-17

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>Tonya Helveston</u>	Latitude: <u>30° 26' 44.71" N</u> Longitude: <u>89° 17' 45.15" W</u>
Mailing Address: <u>1105 Vidillia</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Pass Christian MS 39571</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 SE 1/4, Sec 46 T 75 R 13 W</u>
Telephone No. <u>(228) 669-4970</u>	<u>5.3</u> Miles <u>north</u> of <u>Delisle</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>4-24-17</u> Date drilling completed: <u>4-25-17</u> Hole depth: <u>360</u> Hole diameter: <u>4x2</u>
Location of the source of any surface water used for drilling: <u>Well water</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>NA</u>
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____
Name of organization running log(s): <u>NA</u>
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump
Seismic Survey <input type="checkbox"/> Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (circle all applicable): <input checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) <u>Back wash valve</u>
Static Water Level: <u>77</u> feet [above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>4-27-17</u>
Method of measurement (circle one): <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>360</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>340</u> feet Casing diameter: <u>4x2</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>1006</u> inches Setting depth: From <u>340</u> feet to <u>360</u> feet
Type of completion (circle all applicable): 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: <u>200</u> feet

If telescoped or more than one screen, describe on next page

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BY OIWR

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 #: J420
 Aquifer: _____

County: Harrison
 Permit #: 0239
 Driller: Mc Gill Pump + Well
 Date completed: 4-25-17
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>Tonya Helveston</u>	Latitude: <u>30° 26' 44.7"</u> Longitude: <u>89° 17' 45.15"</u>
Mailing Address: <u>1105 Vidalia Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
City: <u>Pass Christian MS 39571</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
Telephone No. <u>(228) 669-4970</u>	<u>SW 1/4 SE 1/4, Sec 26 T7S R13W</u>
	<u>5.3</u> Miles <u>North</u> of <u>Delisle</u>
	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 4-27-17 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: 120 feet Number of Stages: 7

Pump Test Data for Non Flowing Well

Date Well Tested: 4-25-17 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 77 Feet Below Land Surface Pumping Water Level (B): 120 Feet Below Land Surface

Drawdown [(B) - (A)]: 10 Feet Below Land Surface Test Pumping Rate: 40 Gallons Per Minute

Method of measurement (circle 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: RECEIVED

Meter Model Number/Name: _____ Type of Meter: MAY 22 2017

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

Installation Date: _____ Meter installed by: BY OIWR

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 Merrill # 0239 5/11/17 [Signature]

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

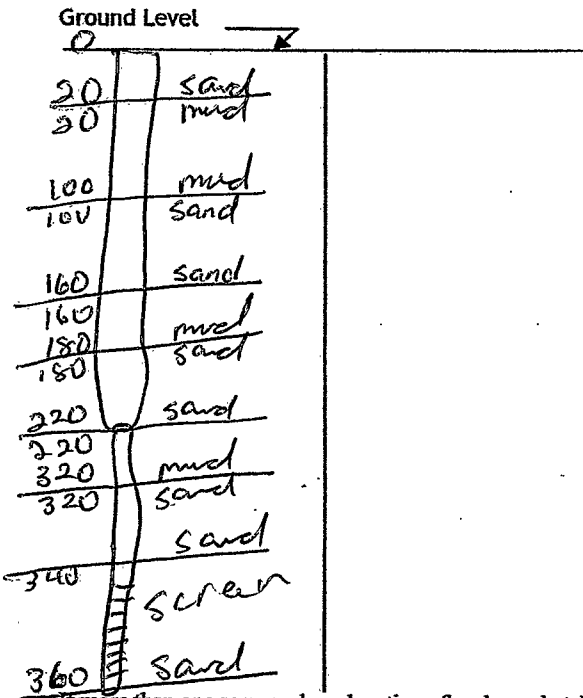
County: Harrison
 Permit #: 0239

For Office Use Only:
 Well #: JA20

The sketch below only required for water wells

If well telescopes, show depths on sketch.

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



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

Description of Formations Encountered	From (depth)	To (depth)
	Ground level	
Sand	0	20
mud	20	100
Sand	100	160
mud	160	180
Sand	180	220
mud	220	320
Sand	320	360

- 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

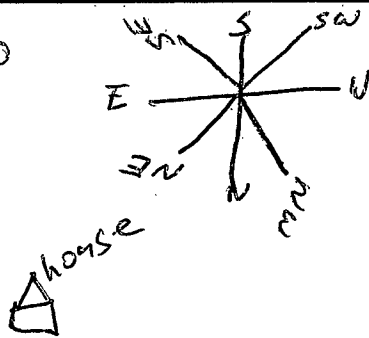
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Landowner Name: Tonya Helveston

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 McHale #0239 511117 _____
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

J420



W Dubuison

sixteen section
Red

vidalia
Red

Old well

tree line
well
Pence

Hidden Valley
Red

← concrete
drive

vidalia Red →

Dubuison Church
Red

Lacy violet
Red

violet
Red

Family
Red

Fine
Red tower

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