

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 #: J421
Aquifer: _____
E-Log #: _____

County: Harrison
Permit #: 0239
Driller: MLG: 11 pump & well
Date drilling completed: 5-9-17

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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Charles Melecon</u>	Latitude: <u>30°23' 16.07" N</u> Longitude: <u>89°16' 11.33" W</u>
Mailing Address: <u>25562 Hill Rd</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>1R 1/4 IR 1/4, Sec E20 T 7S R 13W</u>
Telephone No. <u>(228) 586-1470</u>	<u>1.1</u> Miles <u>East</u> of <u>Delisle</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data	
Date drilling started: <u>5-8-17</u>	Date drilling completed: <u>5-9-17</u> Hole depth: <u>560</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>N/A</u>	
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): <u>N/A</u>	
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well 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 (circle all applicable): <input checked="" type="checkbox"/> Home Industrial Public Supply Irrigation Fish Culture Other (describe): _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) <u>Back wash valve</u>	
Static Water Level: <u>70</u> feet [above or (below) land surface] (circle one) Date measured: <u>5-11-17</u>	
Method of measurement (circle one): <input checked="" type="checkbox"/> Steel tape Electric tape Air line Other (describe): _____	
Well depth: <u>560</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): <input checked="" type="checkbox"/> Neat Cement Bentonite Mix	
Casing length: <u>540</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>.006</u> inches Setting depth: From <u>540</u> feet to <u>560</u> feet	
Type of completion (circle all applicable): Gravel packed Underreamed Open hole <input checked="" type="checkbox"/> Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: <u>220</u> feet	

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

RECEIVED

Form: OLWR-SWR-1A (4/13)

MAY 22 2017

BY OLWR

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)

County: Harrison
 Permit #: 0239
 Driller: Mc Gill Pump & Well
 Date completed: 5-9-17
Copy information from block on Part 1

For Office Use Only:

Well #: JA21
 Aquifer: _____

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>Charles Melecon</u>	Latitude: <u>30° 23' 16.07" N</u> Longitude: <u>89° 16' 11.33" W</u>
Mailing Address: <u>25562 Hill Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Oss Christian MS 39571</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City: _____ State: _____ Zip Code: _____	<u>1R 1/4 IR 1/4, Sec E20 T7S R13W</u>
Telephone No. <u>(228) 586-1470</u>	<u>1.1</u> Miles <u>East</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: 5-11-17 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: 1hp Setting Depth: 120 feet Number of Stages: 7

Pump Test Data for Non Flowing Well

Date Well Tested: 5-9-17 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 70 Feet Below Land Surface Pumping Water Level (B): 120 Feet Below Land Surface

Drawdown [(B) - (A)]: 15 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: _____

Meter Model Number/Name: _____ Type of Meter: RECEIVED

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____ MAY 22 2017

Installation Date: _____ Meter installed by: _____ BY OLWR

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 Melecon 0239 5/12/17 [Signature]

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

JA21

Bridge

Lullin Rd

Bush Rd

Ball Park Rd

Hang Rd

Charles Delisle Rd

Fence Line

BUS

Road

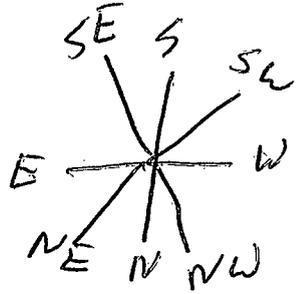
Shed

X well

Fireplace Drive

Lobby Rd

Oak Rd



Sketch wrong

Oak Lawn Drive

Oak Lawn Plantation

St Stephens Rd

Bells Jerry Rd

Stable Wood Drive

Lazy Acres

Spider Dr

Rail Road Tracks

Mendge Ave Flea market

RECEIVED

MAY 22 2017

BY OLWR

Exit 24 Mendge Ave Interstate 10