

# 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 #: JA 30  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Harrison  
Permit #: 0239  
Driller: McBil Pump & Well  
Date drilling completed: 2-20-18

*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>Jarrod Boulboule</u>	Latitude: <u>30° 23' 23.68" N</u> Longitude: <u>89° 16' 23.21" W</u>
Mailing Address: <u>25560 Pecan. Rd</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>1R 1/4 SW 1/4, Sec 35 T 7S R 13W</u>
Telephone No. <u>(228) 669-4577</u>	<u>1.6</u> Miles <u>north</u> of <u>DeLisle</u>
	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 2-20-18 Date drilling completed: 2-20-18 Hole depth: 300 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*

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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: 60 feet  above or  below land surface Date measured: 2-20-18

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

Well depth: 300 Well grouted to a depth of: 10 feet Type of grout (check one)  Neat Cement  Bentonite  Mix

Casing length: 280 feet Casing diameter: 4x2 inches Type of casing: PVC

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

Screen slot size: .206 inches Setting depth: From 280 feet to 300 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*

MAR 12 2018

# 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: McGill Pump & Well  
 Date completed: 2-23-18  
*Copy information from block on Part 1*

**For Office Use Only:**

Well #: J430  
 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>Jarrod Boulbouille</u>	Latitude: <u>30° 23' 23.68" N</u> Longitude: <u>89° 16' 23.21" W</u>
Mailing Address: <u>25560 Pecan Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Pass Christian MS 39571</u> City State Zip Code	<u>1R 1/4 SW 1/4, Sec 35 T 7S R 13W</u> <u>1.6 Miles North of DeLisle</u> (Distance) (Direction) (Nearest Town)
Telephone No. <u>(228) 669-4577</u>	

**Pump Type (check one)**

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

Date Pump Installed: \_\_\_\_\_ Rated Pump Capacity: 20 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 h.p. Setting Depth: \_\_\_\_\_ feet Number of Stages: 10

**Pump Test Data for Non Flowing Well**

Date Well Tested: 2-23-18 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 60 Feet Below Land Surface Pumping Water Level (B): 120 Feet Below Land Surface

Drawdown [(B) - (A)]: 0 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 FIVE

**Meter Installation** NA

Meter Manufacturer: \_\_\_\_\_ Meter Serial Number: MAR 12 2018

Meter Model Number/Name: \_\_\_\_\_ Type of Meter: BY OLWR

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.*

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

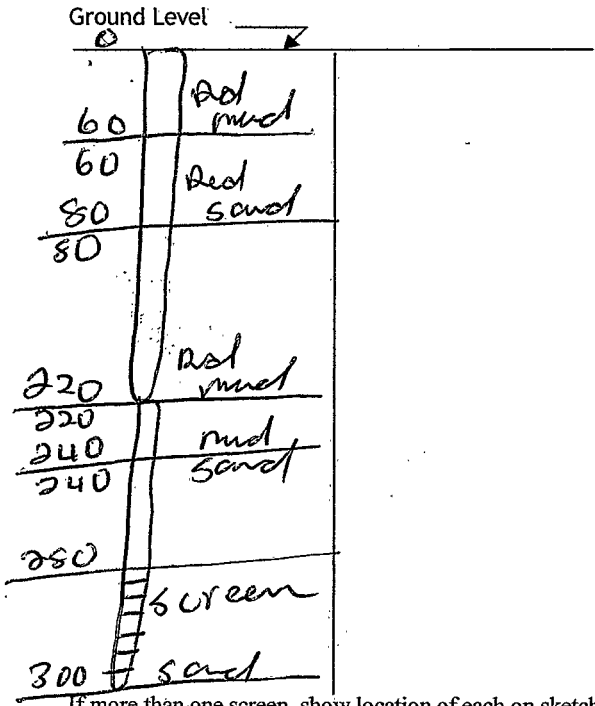
Nicholas R. 0239 315710 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

County: Harrison  
 Permit #: 0239

**For Office Use Only:**  
 Well #: J430

*The sketch below only required for water wells*

*If well telescopes, show depths on sketch.*



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

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

Description of Formations Encountered	From (depth) Ground level	To (depth)
Red mud	0	60
Red sand	60	80
Red mud	80	220
mud sand	220	240
	240	300

- 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*

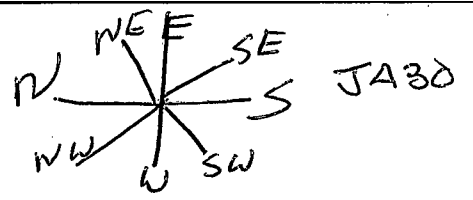
RECEIVED  
 MAR 12 2018  
 BY OLWR

Landowner Name: Jarrod Boulbois

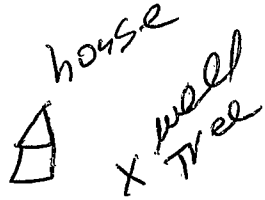
I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Michel McNeil & # 0269 3/5/18

Print Name of Responsible Licensee and License No. Date Signature of Licensee



walnut Rd



25560  
Pecan  
Rd

Block Top  
Rd

Grand  
Driveway

Eddy  
Rd

Pecan Rd

vidalia Rd

RECEIVED  
MAR 12 2013  
BY OLIVER

West  
maple Rd

East maple



Cuevas Delisle Rd

Delisle  
Elementary  
School

Sweet  
Escape