

# STATE WELL REPORT

63

County: Harrison  
 Permit #: 0239  
 Driller: McKell Pump well  
 Date drilling completed: 6/17/19

**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 #: 5440  
 Aquifer: \_\_\_\_\_  
 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.*

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Mr. Carl Suncie</u>	Latitude: <u>30.4659</u> Longitude: <u>89.2408</u>
Mailing Address: <u>24309 St. John Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Quitman MS 39503</u>	<u>SE</u> ¼ <u>NE</u> ¼, Sec <u>1</u> T. <u>7S</u> R. <u>13W</u>
City State Zip Code	Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. <u>(228) 236-6838</u>	

**Well / Borehole Data**

Date drilling started: 6/15/19 Date drilling completed: 6/17/19 Hole depth: 480 Hole diameter: 3x2

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: N/A

Logs run (check all applicable):  log run  Electric  Gamma Ray  Density  Sonic  Neutron Other: NO LOG RUN

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 all applicable):  Home  Industrial  Public Supply  Irrigation  Fish Culture  
 Other (describe): \_\_\_\_\_

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

Static Water Level: 60 feet  above or  below land surface Date measured: 6/17/19  
(check one)

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

Well depth: 480 Well grouted to a depth of: 10 feet Type of grout (check one)  Neat Cement  Bentonite  Mix

Casing length: 460 feet Casing diameter: 3x2 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 460 feet to 480 feet

Type of completion (check all applicable)  gravel packed  Underreamed  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*

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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 #: JA40  
Aquifer: \_\_\_\_\_

County: Harrison  
Permit #: 0239  
Driller: McNeill Pump & Well  
Date completed: 6/17/19  
*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: _____	Latitude: <u>30.4659</u> Longitude: <u>-89.2108</u>
Mailing Address: <u>24309 St. John Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Gulfport</u> MS <u>39503</u>	_____ 1/4 _____ 1/4, Sec _____ T _____ R _____
City State Zip Code	_____ Miles _____ of _____
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Pump Type (check one)
Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Air Lift <input type="checkbox"/> Centrifugal <input type="checkbox"/> Flowing Well <input type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input type="checkbox"/> Other (describe): _____
Date Pump Installed: <u>6/12/19</u> Rated Pump Capacity: <u>15</u> Gallons Per Minute
Is This Pump (check one): <input checked="" type="checkbox"/> New <input type="checkbox"/> Repaired <input type="checkbox"/> Replacement
Power Type (check one)
Electric <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (describe): _____
Horse Power Rating of Motor: <u>1</u> Setting Depth: <u>100</u> feet Number of Stages: <u>7</u>

Pump Test Data for Non Flowing Well
Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): <u>4</u> hours
Static Water Level (A): <u>60</u> Feet Below Land Surface Pumping Water Level (B): <u>100</u> Feet Below Land Surface
Drawdown [(B) - (A)]: <u>5</u> Feet Below Land Surface Test Pumping Rate: <u>10</u> Gallons Per Minute
Method of measurement (check one): Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____

Pump Test Data for Flowing Well <u>N/A</u>
Measured shut in head: _____ feet.
Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation <u>N/A</u>
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): <input type="checkbox"/> New <input type="checkbox"/> Repaired <input type="checkbox"/> Replacement
<i>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>

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

Michael McNeill #0239 6/12/19 \_\_\_\_\_  
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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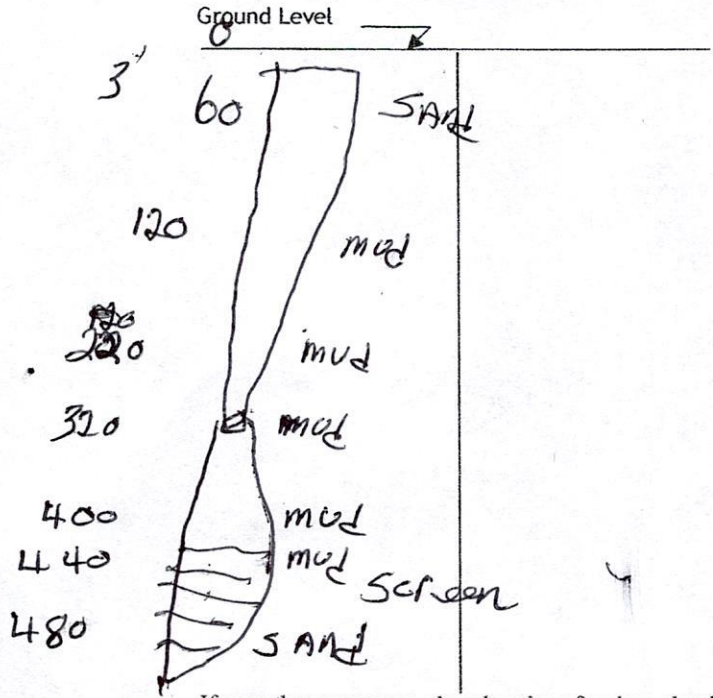
County: Harrison  
Permit #: 0239

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Well #: JA40

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	60
Sand	0	60
mud	60	120
mud	120	220
Mud	220	320
mud	320	400
mud	400	440
Sand	440	480

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

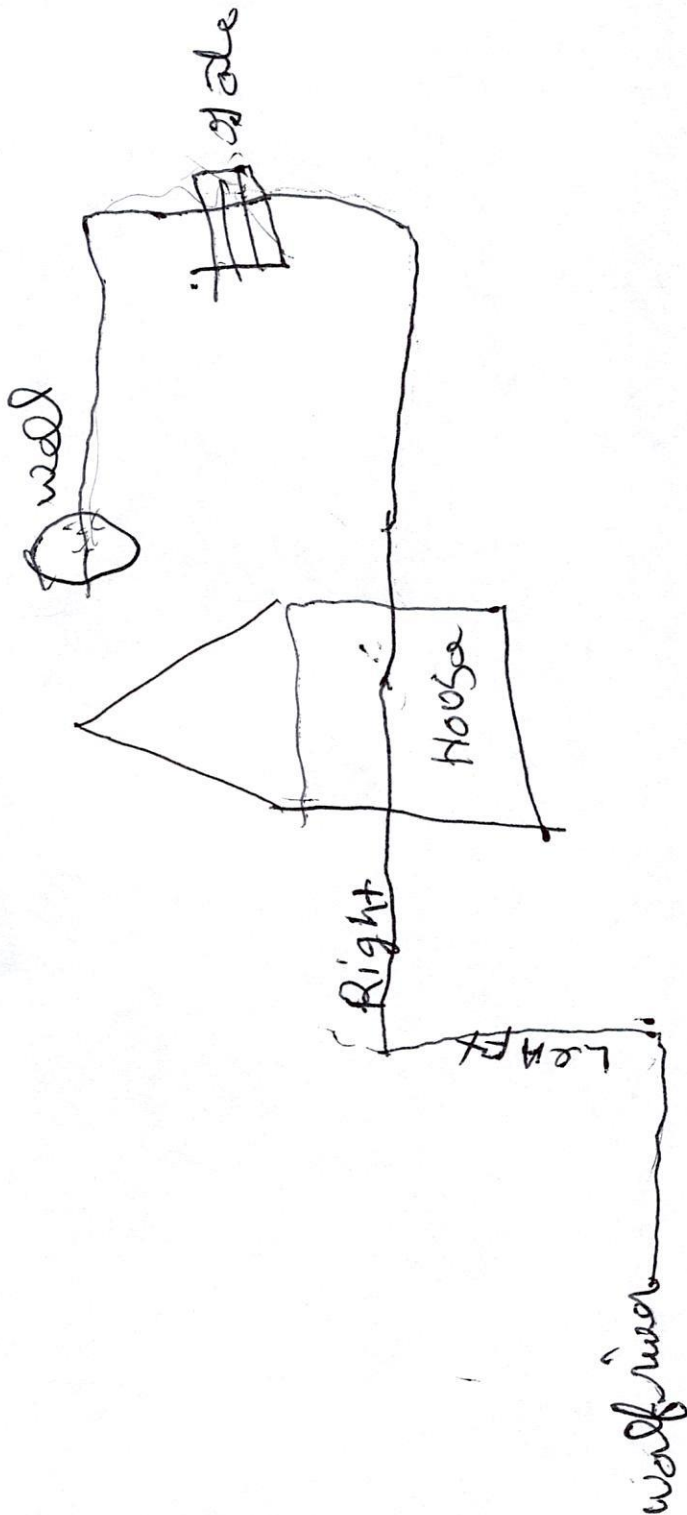
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Landowner Name: LURA Carl Saucier

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 McCall #0239    4/12/19    [Signature]

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



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