

**State Well Report
Part 1 - Driller's Log**

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

County: Harrison
Permit #: 0239
Driller: McGill Pump & Well
Date drilling completed: 12-5-14

For Office Use Only:
Aquifer: _____
Well #: K 457
L. S. Elevation: _____
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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Nell Johnson</u>	Latitude: <u>30° 27' 56.4" N</u> Longitude: <u>89° 14' 22.35" W</u>
Mailing Address: <u>243 41 St John Rd</u>	Method of Lat/Long (circle one): Conventional Survey
<u>Gilbert</u> <u>MS</u> <u>39503</u>	USGS quad: <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>SW 1/4 NW 1/4 Sec 6 T25 N Rng 12 W</u>
Telephone No. <u>(811) 701-9790</u>	Distance Direction Nearest Town <u>12.9 Miles SOUTH of LYMAN</u>

Well / Borehole Data

Date drilling started: 12-4-14 Date drilling completed: 12-5-14 Hole depth: 500 Hole diameter: 2"

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: _____

Logs run (circle all applicable): (No log run) Electric Gamma Ray Density Sonic Neutron Other: _____

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 one): Home Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____

If a flowing well, method of flow regulation: Valve _____ Other (describe): Backwash

Static Water Level: 80 feet above or (below) (circle one) land surface Date measured: 12-8-14

Method of Measurement (circle one) (steel tape) electric tape air line other: _____

Well depth: 500 Well grouted to a depth of 10 feet Type of grout (circle one): (Neat Cement) Bentonite Mix

Casing length: 480 feet Casing diameter: 2" inches Type of casing: PVC

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

Screen slot size: 1006 inches Setting depth: From 480 feet to 500 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole (Natural Development)

Other (describe): _____

Top of lap pipe or reduction in casing: 0 feet. *If telescoped or more than one screen, describe on next page*

Received
APR 12 2016
By OLWF

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: Harrison
 Permit #: 0239
 Driller: McWill Pump & Well
 Date completed: 12-5-14
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: K457
 Elevation: _____

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>Nell Johnson</u>	Latitude: <u>30° 27' 56.64" N</u> Longitude: <u>89° 14' 22.35" W</u>
Mailing Address: <u>24341 St John Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Gulfport MS 39503</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 NW 1/4 Sec 6 T7S R 12W</u>
Telephone No. (817) <u>701-9790</u>	Distance Direction Nearest Town
	<u>12.9 Miles South of LYMAN</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> <u>Jet</u> <input type="radio"/> Submersible	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/>
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 hp</u>
Date Pump Installed: <u>12-8-14</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>7</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-8-14</u>	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> <input checked="" type="radio"/> <u>Steel Tap</u>
Static Water Level (A): <u>80</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>120</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>5</u> Feet Below Land Surface	Well yielded <u>30</u> GPM with a drawdown of
Test Pumping Rate: <u>10</u> Gallons Per Minute	<u>5</u> feet after <u>4</u> hours pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

Nell Johnson #0239 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

APR 12 2016
 By OLWR
 Form: OLWR-SWR-1B

