

# 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 #: K461  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Harrison  
Permit #: 0239  
Driller: Mc Gill Pump well  
Date drilling completed: 6-8-17

*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>Vincent Hodges</u>	Latitude: <u>30° 28' 26.2" N</u> Longitude: <u>89° 13' 29.1" W</u>
Mailing Address: <u>22425 Maes Lane</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Gulfport</u> <u>MS</u> <u>39503</u>	<u>NW 1/4 NW 1/4, Sec 15 T 75 R 12W</u>
City State Zip Code	<u>4.5</u> Miles <u>west</u> of <u>Orange Grove</u>
Telephone No. <u>(228) 369-9061</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>6-6-17</u> Date drilling completed: <u>6-8-17</u> Hole depth: <u>700</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 (check all applicable): <input type="checkbox"/> log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: <u>NO LOG RUN</u>
Name of organization running log(s): <u>NA</u>
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> 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 (check 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>80</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface (check one) Date measured: <u>6-8-17</u>
Method of measurement (check 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>700</u> Well grouted to a depth of: <u>10</u> feet Type of grout (check one) <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>680</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>680</u> feet to <u>700</u> feet
Type of completion (check all applicable) <input type="checkbox"/> 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>220</u> feet

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

RECEIVED  
JUN 11 2017  
BY OLWR

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

# 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 #: K461

Aquifer: \_\_\_\_\_

County: Harrison  
Permit #: 0239  
Driller: Mc Gill Pumpwell  
Date completed: 6-13-17  
*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>Vincent Hodges</u>	Latitude: <u>30° 28' 2.62" N</u> Longitude: <u>89° 13' 0.91" W</u>
Mailing Address: <u>22425 Maes Lane</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS <del>_____</del>
<u>Gulfport</u> <u>MS</u> <u>39503</u> City State Zip Code	<u>NW 1/4 NW 1/4, Sec 15 T 75 R 12W</u>
Telephone No. <u>(228) 369-9061</u>	<u>5.5</u> Miles <u>West</u> of <u>Orange Grove</u> (Distance) (Direction) (Nearest Town)

**Pump Type (check one)**

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

Date Pump Installed: 6-13-17 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 Setting Depth: 120 feet Number of Stages: 7

**Pump Test Data for Non Flowing Well**

Date Well Tested: 6-13-17 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 80 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 (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

**Meter Installation** NA

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):  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.*

RECEIVED  
JUN 19 2017  
BY OLWR

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

Michael P. Merrill # 0239 6/14/17  
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

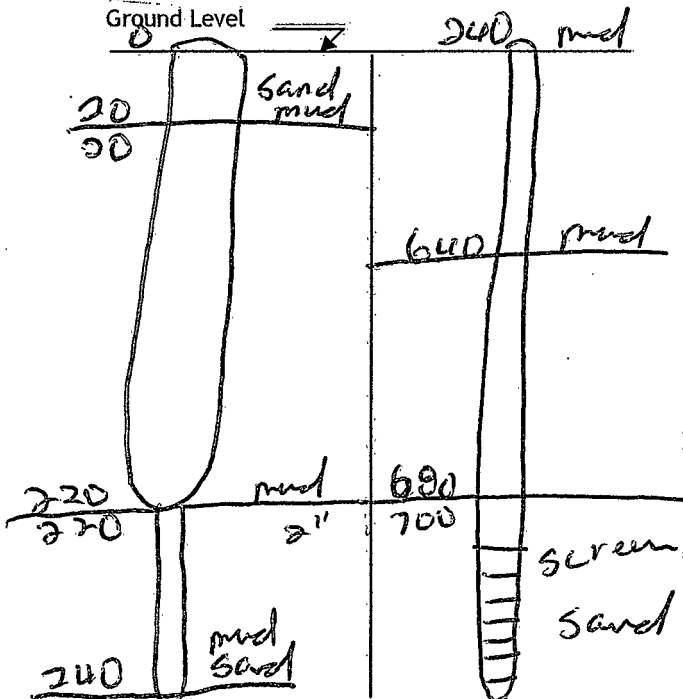
County: Harrison  
 Permit #: 0239

**For Office Use Only:**  
 Well #: K461

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



Description of Formations Encountered	From (depth)	To (depth)
	Ground level	
Sand mud	0	20
mud	20	220
mud / sand	220	240
mud	240	640
sand	640	700

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

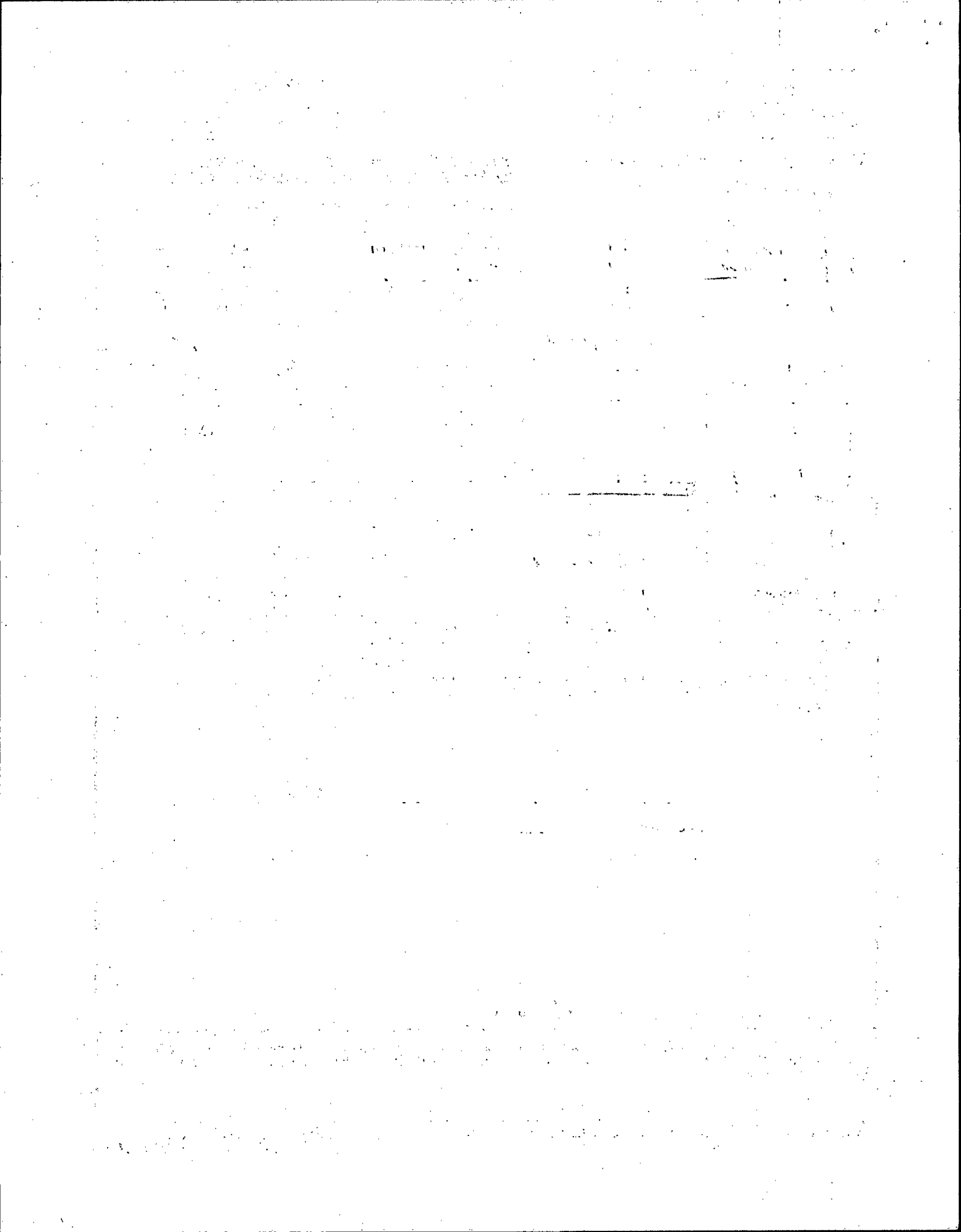
*See Back Page*

RECEIVED  
 JUN 19 2017  
 BY OLWR

Landowner Name: Vincent Hodges

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.

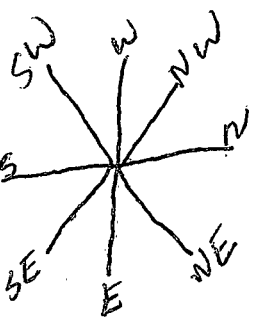
Michael P. McMill #0239 6/17/17 [Signature]  
 Print Name of Responsible Licensee and License No. Date Signature of Licensee



Landon Rd

11111111 - Sarah

K461



fuel

RD 314

De herde Rd

County Farm

Crown Rd

Mercede Rd

Mercede

2245 Grand  
Maes Lane Driveway

Maes Land

Lisa Drive

Loree Rd

Robinson Rd

RECEIVED  
JUN 19 2017  
BY OLWR