

# 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 #: K 467  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Harrison  
Permit #: 12239  
Driller: McGill pump & well  
Date drilling completed: 11-21-17

*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>Henrietta Roberts</u>	Latitude: <u>30° 26' 22.62" N</u> Longitude: <u>89° 9' 42.97" W</u>
Mailing Address: <u>19261 Landon Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Gulfport</u> <u>ms</u> <u>39503</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NW 1/4 NE 1/4, Sec 14 T 75 R 12W</u>
Telephone No. <u>(228) 806-3753</u>	<u>7</u> Miles <u>SW</u> of <u>LYMAN</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>11-21-17</u> Date drilling completed: <u>11-21-17</u> Hole depth: <u>320</u> Hole diameter: <u>2"</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 LOGS 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>60</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface Date measured: <u>11-21-17</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>320</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>300</u> feet Casing diameter: <u>2"</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>60</u> feet to <u>80</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 tap pipe or reduction in casing: <u>NA</u> feet
<i>If telescoped or more than one screen, describe on next page</i>

# 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: 11-21-17  
*Copy information from block on Part 1*

**For Office Use Only:**

Well #: K467  
 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>Henrietta Roberts</u>	Latitude: <u>30° 26' 22.62" N</u> Longitude: <u>89° 9' 42.97" W</u>
Mailing Address: <u>19261 Landon Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Gulfport</u> MS <u>39503</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NW 1/4 NE 1/4, Sec 14 T 7S R 12W</u>
Telephone No. <u>(228) 806-3753</u>	<u>7</u> Miles <u>SW</u> of <u>LYMAN</u>
	(Distance) (Direction) (Nearest Town)

**Pump Type (check one)**

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

Date Pump Installed: 11-22-17 Rated Pump Capacity: 7 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: 80 feet Number of Stages: 2

**Pump Test Data for Non Flowing Well**

Date Well Tested: 11-22-17 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 60 Feet Below Land Surface Pumping Water Level (B): 80 Feet Below Land Surface

Drawdown [(B) - (A)]: 5 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** N/A

Measured shut in head: \_\_\_\_\_ feet.

Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation** N/A

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.*

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

Michael McGill 806 0239 12/21/17 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

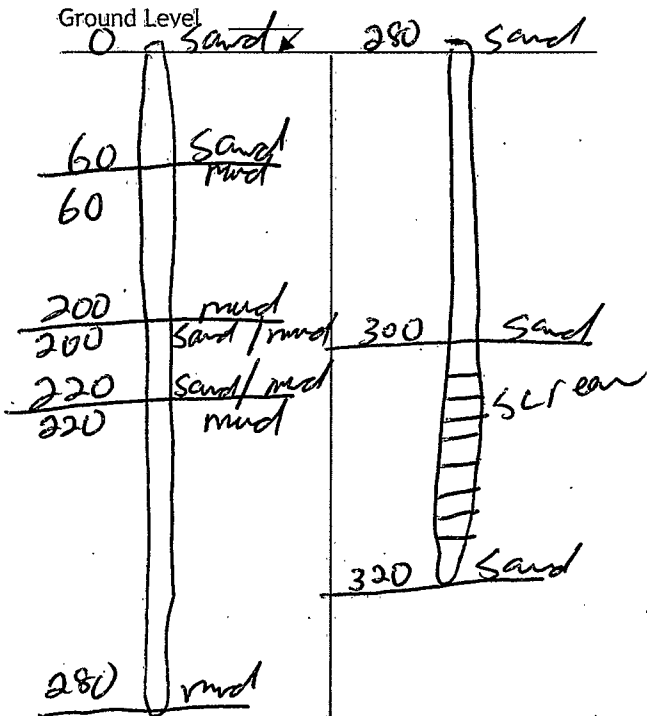
County: Harrison  
 Permit #: 0239

For Office Use Only:  
 Well #: K467

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) Ground level	To (depth)
Sand	0	60
mud	60	200
Sand/mud	200	220
mud	220	280
Sand	280	320

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

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 DEC 15 2017  
 BY OLWR

Landowner Name: Henrietta Roberts

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.

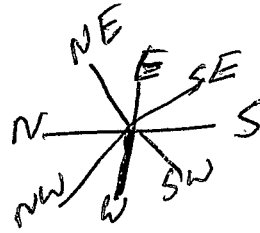
Michael McHugh 0239 12/12/17 [Signature]  
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

K467

FITING 5  
wendy

10  
inter 5 feet

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MAY 15 2007  
BY CLINT

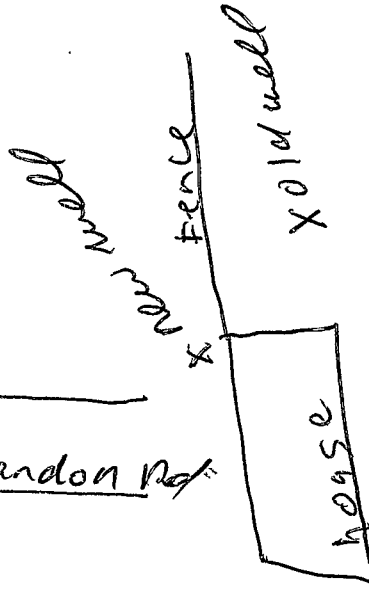


Canal Rd Exit 31

Landon Rd

Bayou  
Bernard Rd

Bayou  
Bernard Rd



1926 Landon Rd

Allen Rd

Power  
Company