

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 469
Aquifer: _____
E-Log #: _____

County: Harrison
Permit #: _____
Driller: 0-785
Date drilling completed: 6-26-18

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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Kevin Beech</u>	Latitude: <u>30.437694</u> Longitude: <u>89.153319</u>
Mailing Address: <u>10410</u>	<u>30-26-16</u> <u>89-09-12</u> Method of Lat/Long (check one): Conventional Survey _____
<u>5. Bayou Bernard</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Gulfport</u> <u>MS</u> <u>39507</u>	<u>SW 1/4 NW 1/4, Sec 13 T 7S R 12W</u>
City State Zip Code	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. (____) _____	

Well / Borehole Data
Date drilling started: <u>6-26</u> Date drilling completed: <u>6-26</u> Hole depth: <u>260</u> Hole diameter: <u>5"</u>
Location of the source of any surface water used for drilling: _____
Method of dosing and volume of Chlorine used in drilling and development: _____
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: _____
Name of organization running log(s): _____
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 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>BY OLWR</u>
Static Water Level: <u>35</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface Date measured: <u>6-26-18</u> <small>(check one)</small>
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>260</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>240</u> feet Casing diameter: <u>3</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>1006</u> inches Setting depth: From <u>240</u> feet to <u>260</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: _____ feet
<i>If telescoped or more than one screen, describe on next page</i>

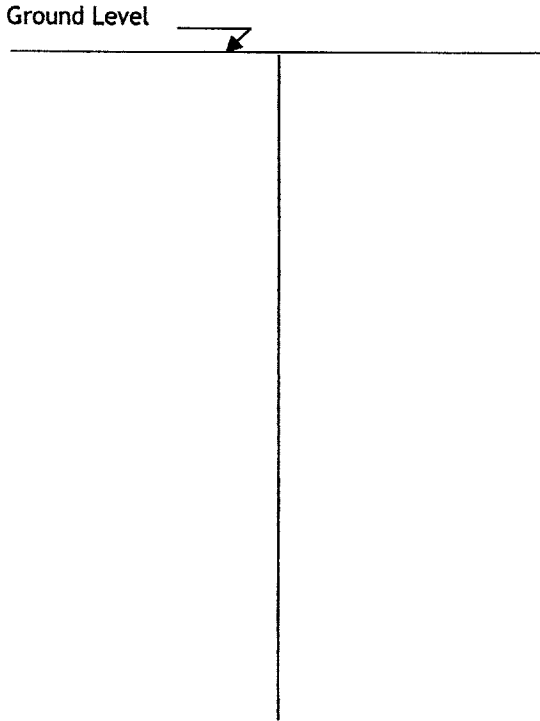
RECEIVED
AUG 09 2018
BY OLWR

County: Harrison
 Permit #: _____

For Office Use Only:
 Well #: K469

The sketch below only required for water wells

If well telescopes, show depths on sketch.



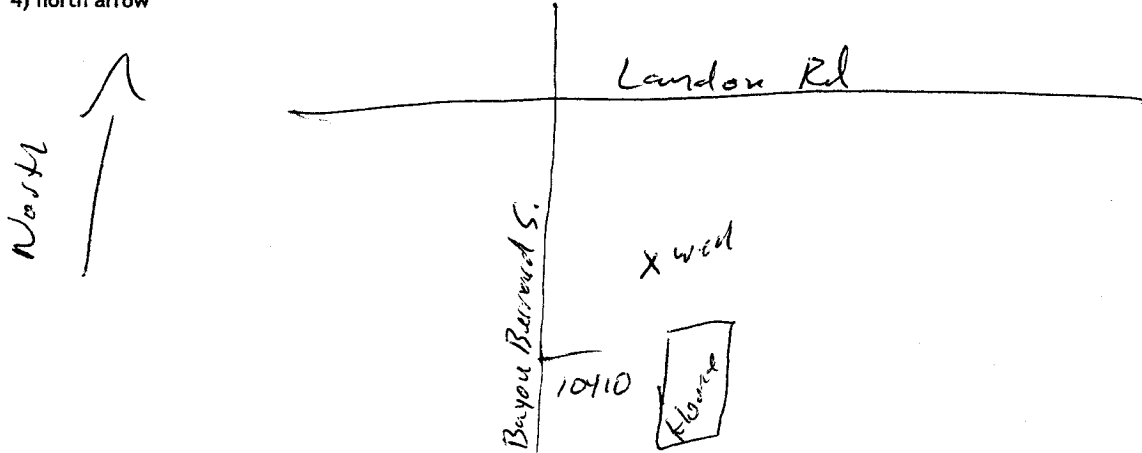
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground level	10
Sand	10	25
Clay	25	100
Sand	100	120
Clay	120	210
Sand	210	260

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



Landowner Name: Kevin Beech

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.

MAUVIN WAGNON 0-785 6-26-18 Mauvin Wag
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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 #: R469
Aquifer: _____

County: Harrison
Permit #: _____
Driller: 0-785
Date completed: 6-27-18
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>Kevin Beech</u>			<u>30-26-16</u>	<u>89-09-12</u>	
Mailing Address: <u>10410</u>			Latitude: <u>30.437644</u>	Longitude: <u>89.153319</u>	
<u>S. Bayou Bernard</u>			Method of Lat/Long (check one): Conventional Survey _____		
<u>Gulfport</u>	<u>MS</u>	<u>39503</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____		
City	State	Zip Code	<u>SW 1/4 NW 1/4, Sec 13 T 7S R 12W</u>		
Telephone No. () _____			_____ Miles _____ of _____		
			(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>6-27-18</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>60</u> feet Number of Stages: _____

Pump Test Data for Non Flowing Well	
Date Well Tested: <u>6-27-18</u>	Duration of Pump Test (minimum 4 hours): <u>24</u> hours
Static Water Level (A): <u>35</u> Feet Below Land Surface	Pumping Water Level (B): <u>60</u> Feet Below Land Surface
Drawdown [(B) - (A)]: <u>25</u> Feet Below Land Surface	Test Pumping Rate: <u>20</u> Gallons Per Minute
Method of measurement (check one): Steel tape <input checked="" type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____	

Pump Test Data for Flowing Well	
Measured shut in head: _____ feet.	
Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping	

Meter Installation	
Meter Manufacturer: _____	Meter Serial Number: <u>RECEIVED</u>
Meter Model Number/Name: _____	Type of Meter: <u>AUG 03 2018</u>
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____	
Installation Date: _____	Meter installed by: <u>BY OLWR</u>
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.		
<u>MALVIN WAGNON</u>	<u>0-785</u>	<u>6-27-18</u>
Print Name of Pump Installer and License No. (if applicable)	Date	Signature of Pump Installer