

# 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 #: K472  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Harrison

Permit #: 0239

Driller: McBill Pugh + well

Date drilling completed: 8-15-18

*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>Diggs Spencer</u>	Latitude: <u>30° 25' 28.42" N</u> Longitude: <u>89° 10' 17.16" W</u>
Mailing Address: <u>9390 N Turner Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City: <u>Bayport</u> State: <u>MS</u> Zip Code: <u>39503</u>	USGS quad _____, NE $\frac{1}{4}$ NE $\frac{1}{4}$ , Sec <u>22</u> T <u>7S</u> R <u>12W</u>
Telephone No. ( <u>228</u> ) <u>596-0024</u>	<u>6.7</u> Miles <u>SW</u> of <u>Orange Grove</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>8-15-18</u> Date drilling completed: <u>8-15-18</u> Hole depth: _____ Hole diameter: _____
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>N/A</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>N/A</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>8-15-18</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>280</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>260</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>260</u> feet to <u>280</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>0</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: McBill Pump & Well  
 Date completed: 8-17-18  
*Copy information from block on Part 1*

**For Office Use Only:**

Well #: K472  
 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>Diggs Spencer</u>	Latitude: <u>30° 25' 28.42" N</u> Longitude: <u>89° 10' 17.16" W</u>
Mailing Address: <u>9390 N Turner 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>	<u>NE 1/4 NE 1/4, Sec 22 T 7S R 12W</u>
City State Zip Code	<u>6.7</u> Miles <u>SW</u> of <u>Orange Grove</u>
Telephone No. <u>(228) 596-0024</u>	(Distance) (Direction) (Nearest Town)

**Pump Type (check one)**

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

Date Pump Installed: 8-17-18 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 Setting Depth: 80 feet Number of Stages: 2

**Pump Test Data for Non Flowing Well**

Date Well Tested: 8-17-18 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)]: 20 Feet Below Land Surface Test Pumping Rate: 7 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.*

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

Michael McBill Sr # 0239 9/7/18 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

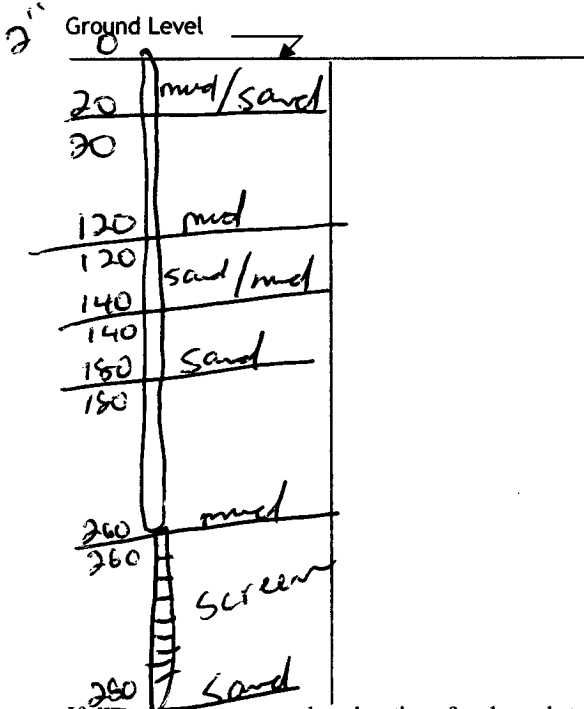
RECEIVED  
 SEP 11 2018  
 BY OLWR

County: Harrison  
 Permit #: 0239

**For Office Use Only:**  
 Well #: K472

The sketch below only required for water wells

If well telescopes, show depths on sketch.



If more than one screen, show location of each 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) Ground level	To (depth)
mud/sand	0	20
mud	20	120
Sand/mud	120	140
Sand	140	180
mud	180	260
Sand	260	280

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: Diggs Spencer

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.

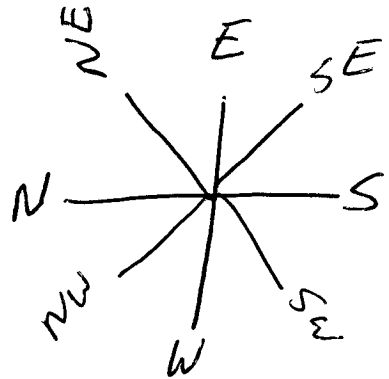
Michael McMill & #0239      9/7/18      [Signature]  
 Print Name of Responsible Licensee and License No.      Date      Signature of Licensee

Faint header text at the top of the page, possibly containing a title or reference number.

Main body of faint text, appearing to be a list or series of entries, possibly a table with multiple columns.

Section of text below the main body, possibly a summary or a separate list of items.

Bottom section of text, possibly a footer or concluding remarks.



Landon RD

Landon Lake Blvd



Bridge

horse

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horse

North Turner Rd

Clay  
 road  
 0396  
 Turner  
 rd

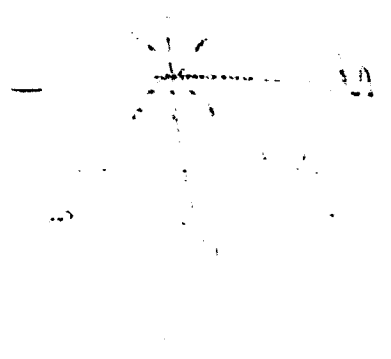
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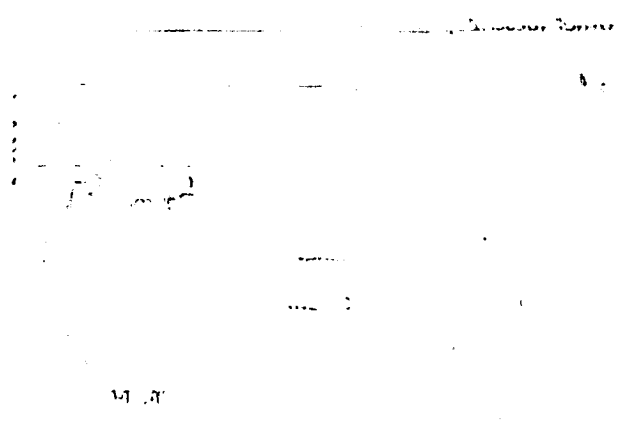
Landon Rd



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