

STATE WELL REPORT

58

County: Harrison
Permit #: 0239
Driller: McGill Pump well
Date drilling completed: 9-24-18

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 473
Aquifer: _____
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.

Well Owner Information (Landowner if borehole is not for a water well) Owner Name: <u>John Forbes</u> Mailing Address: <u>10523 Bayou Benard Rd</u> <u>Gulfport</u> <u>MS</u> <u>39503</u> City State Zip Code Telephone No. <u>(228) 832-3368</u>	Well or Borehole Location Latitude: <u>30° 26' 26.67" N</u> Longitude: <u>89° 9' 15.66" W</u> Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ <u>NE 1/4 NE 1/4, Sec 14 T 75 R 12W</u> <u>5.3</u> Miles <u>SW</u> of <u>Orange Grove</u> (Distance) (Direction) (Nearest Town)
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Well / Borehole Data
Date drilling started: 9-24-18 Date drilling completed: 9-24-18 Hole depth: 260 Hole diameter: 3 X 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: NA
Logs run (check all applicable): log run Electric Gamma Ray Density Sonic Neutron Other: NO LOGS RUN
Name of organization running log(s): NA
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 all applicable): Home Industrial Public Supply Irrigation Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) Back Wash Valve
Static Water Level: 30 feet above or below land surface Date measured: 9-24-18
(check one)
Method of measurement (check one) Steel tape Electric tape Air line Other (describe): _____
Well depth: 260 Well grouted to a depth of: 10 feet Type of grout (check one) Neat Cement Bentonite Mix
Casing length: 240 feet Casing diameter: 3 X 2 inches Type of casing: PVC
Screen length: 20 feet Screen diameter: 2 inches Type of screen: PVC
Screen slot size: .006 inches Setting depth: From 240 feet to 260 feet
Type of completion (check all applicable) gravel packed Underreamed Open hole Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: 160 feet
If telescoped or more than one screen, describe on next page

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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 Ruptwell
Date completed: 9-24-18
Copy information from block on Part 1

For Office Use Only:
Well #: _____
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>John Forbes</u>	Latitude: <u>30° 26' 26.67" N</u> Longitude: <u>89° 9' 15.66" W</u>
Mailing Address: <u>10523 Bayou Benard 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> <u>ms</u> <u>39503</u>	<u>NE 1/4 NE 1/4, Sec 14 T 7S R 12W</u>
City State Zip Code	<u>5.3</u> Miles <u>SW</u> of <u>Orange Grove</u>
Telephone No. (<u>228</u>) <u>832-3368</u>	(Distance) (Direction) (Nearest Town)

Pump Type (check one)

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

Date Pump Installed: 9-25-18 Rated Pump Capacity: 10 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: 9-25-18 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 30 Feet Below Land Surface Pumping Water Level (B): 120 Feet Below Land Surface

Drawdown [(B) - (A)]: 5 Feet Below Land Surface Test Pumping Rate: 10 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.

Print Name of Pump Installer and License No. (if applicable) _____ Date _____ Signature of Pump Installer _____

Interstate 10

Cane Rd

Cane Rd

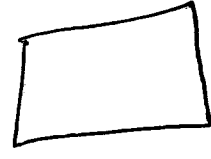
Landon Rd

7th Avenue

Bayou Benard Rd

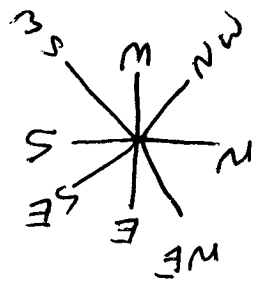
South Bayou Benard Rd

Bayou Benard Rd
10523



house

X well



10523
LOT 21 208
10523