

# 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)961-5210  
(601)360-0535 (fax)

#### For Office Use Only:

Well #: N369  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Harrison  
Permit #: 0239  
Driller: McGill pump & well  
Date drilling completed: 7-15-16

*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>Hat Crusel</u>	Latitude: <u>30° 18' 27.27" N</u> Longitude: <u>89° 16' 24.05" W</u>
Mailing Address: <u>820 West Beach Blvd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Pass Christian MS 39571</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>1R 1/4 NW 1/4; Sec. E25 T 85 S R 13W</u>
Telephone No. <u>(601) 250-0820</u>	<u>1.3</u> Miles <u>East</u> of <u>Henderson point</u>
	(Distance) : (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>7-14-16</u> Date drilling completed: <u>7-15-16</u> Hole depth: <u>600</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: _____
Logs run (circle all applicable): <input checked="" type="checkbox"/> No 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 (circle one): <input checked="" type="checkbox"/> Water Well <input 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 (circle all applicable): Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input checked="" 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>6</u> feet [above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>7-25-16</u> <small>(circle one)</small>
Method of measurement (circle one): <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line Other (describe): _____
Well depth: <u>600</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>580</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>580</u> feet to <u>600</u> feet
Type of completion (circle all applicable): 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>200</u> feet

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

# STATE WELL REPORT

County: Harrison  
 Permit #: 0239  
 Driller: Mc Gill pumpwell  
 Date completed: 7-15-16  
Copy information from block on Part 1

**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 #: N369  
 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>Hat Crusel</u>	Latitude: <u>30° 18' 27.27" N</u> Longitude: <u>89° 16' 24.05" W</u>
Mailing Address: <u>820 West Beach Blvd</u>	Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City: <u>Pass Christian MS</u> State: <u>MS</u> Zip Code: <u>39571</u>	USGS quad _____, IR <u>1/4 NW 1/4</u> , Sec <u>E25 T8S R13W</u>
Telephone No. <u>(504) 250-0820</u>	<u>1.3</u> Miles <u>East</u> of <u>35 Henderson</u> po nt (Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 7-25-16 Rated Pump Capacity: 35 Gallons Per Minute

Is This Pump (circle one):  New Repaired Replacement

**Power Type (circle one)**

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): \_\_\_\_\_

Horse Power Rating of Motor: 3 Setting Depth: 60 feet Number of Stages: 11

**Pump Test Data for Non Flowing Well**

Date Well Tested: 7-15-16 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 6 Feet Below Land Surface Pumping Water Level (B): 60 Feet Below Land Surface

Drawdown [(B) - (A)]: 0 Feet Below Land Surface Test Pumping Rate: 50 Gallons Per Minute

Method of measurement (circle one):  Steel tape Electric tape Air line 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: \_\_\_\_\_

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 (circle 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): Michael Welch Sr # 0239 Date: 8/15/16 Signature of Pump Installer: [Signature]

Received

SEP 01 2016  
Form: OLWR-SWR-2A (4/13)

By OLWR

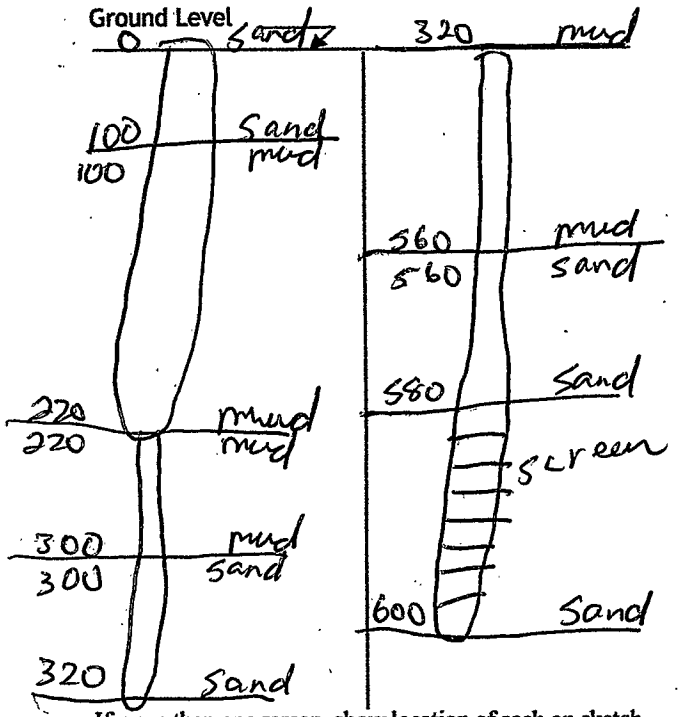
County: Harrison  
Permit #: 0239

For Office Use Only:  
Well #: N369

The sketch below only required for water wells

If well telescopes, show depths on sketch.

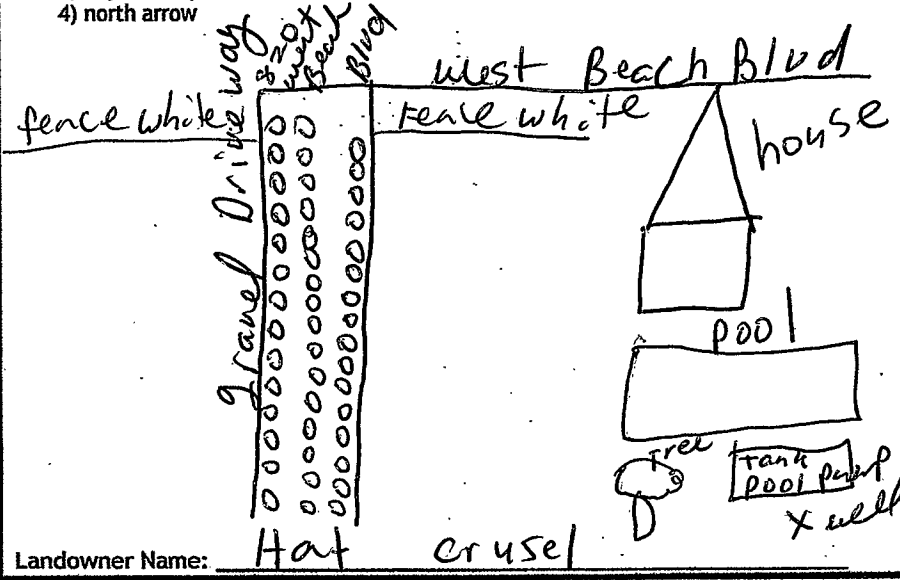
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations



If more than one screen, show location of each on sketch

Description of Formations Encountered	From (depth) Ground level	To (depth)
Sand	0	100
mud	100	300
Sand	300	320
mud	320	560
Sand	560	600

- 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



Received  
SEP 01 2016  
By OLWR

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 McNeil 0239 9/15/16 [Signature]  
Print Name of Responsible Licensee and License No. Date Signature of Licensee