

# State Well Report

## Part 1 - Driller's Log

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 10631  
Jackson, MS 39289-0631  
(601)961-5210  
(601)354-6938 (fax)

County: Harrison  
Permit #: \_\_\_\_\_  
Driller: 0-785  
Date drilling completed: 10-10-08

### For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: Q-400  
L. S. Elevation: \_\_\_\_\_  
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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Project Reclaim (Leah McBride)</u>	Latitude: <u>30° 21' 53.8"</u> Longitude: <u>89° 13' 19.4"</u>
Mailing Address: <u>22919</u> <u>Arcadia Dr.</u> <u>Pass Christian Ms. 39571</u> City State Zip Code	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Survey-grade GPS USGS quad: <u>NW 1/4 NW 1/4 Sec 8 Twn 8S Rng 12W</u>
Telephone No. <u>(703) 785-1823</u>	Distance _____ Miles Direction _____ of Nearest Town _____
Well / Borehole Data	
Date drilling started: <u>10-10</u> Date drilling completed: <u>10-10</u> Hole depth: <u>420'</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 (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____	
Seismic Survey _____ Other (describe) _____	
<b>If drilling is not related to water well construction, skip the remainder of this block</b>	
Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>20</u> feet above or below (circle one) land surface Date measured: <u>10-10</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Well depth: <u>420</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one) <u>Neat Cement</u> Bentonite Mix	
Casing length: <u>400</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>400</u> feet to <u>420</u> feet	
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u>	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. <b>If telescoped or more than one screen, describe on next page</b>	

Form: OLWR-SWR-1A

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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 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

County: Harrison  
 Permit #: \_\_\_\_\_  
 Driller: 0-785  
 Date completed: 10-13-08  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: 2-400  
 Elevation: \_\_\_\_\_

*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>Project Reclaim Leah McBride</u>	Latitude: <u>30° 21.838'</u> Longitude: <u>89° 13.194'</u>
Mailing Address: <u>22919 Arcadia Dr.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Pass Christian MS, 385-71</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Telephone No. <u>(703) 785-1823</u>	Distance Direction Nearest Town _____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>10-13-08</u>	Setting Depth: _____ feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-13-08</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>20</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>50</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>30</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	

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

MALVIN WAGNON 0-785 Malvin Waggon  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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