

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 #: 0239
Driller: McBill Pump & Well
Date drilling completed: 7-6-16

For Office Use Only:

Aquifer: _____
Well #: 0413
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>Ronald Alexander</u>	Latitude: <u>30° 20' 45.45"</u> Longitude: <u>89° 11' 29.28" W</u>
Mailing Address: <u>4225 Salvador Drive</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Long Beach MS 39560</u>	<u>NW 1/4 SE 1/4 Sec 123 Twn 85 Rng 124</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(228) 223-8853</u>	<u>3.6 Miles east of Long Beach</u>
Well / Borehole Data	
Date drilling started: <u>7-5-16</u> Date drilling completed: <u>7-6-16</u> Hole depth: <u>480</u> Hole diameter: <u>2"</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): <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) _____	
If drilling is not related to water well construction, skip the remainder of this block	
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) <u>Back wash valve</u>	
Static Water Level: <u>30</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>7-7-16</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Well depth: <u>480</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>460</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>460</u> feet to <u>480</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. If telescoped or more than one screen, describe on next page	

Form: OLWR-SWR-1A

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0413

The sketch below only required for water wells.

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

If well advances, show depths on sketch.

Ground Level	
60	sand
60	
100	mud
100	
140	sand
140	
420	mud
420	mud sand
440	sand
440	
460	sand
460	
480	screen

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
sand	0	60
mud	60	100
sand	100	140
mud	140	420
mud sand	420	440
sand	440	480

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) a north arrow.

Landowner Name: _____

I 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 Nichol SR #0239 7/11/16

Print Name of Responsible Licensee and License No. Date Signature of Licensee

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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 #: 0239
 Driller: MLB 11 Pump + well
 Date completed: 7-6-16
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: 0413
 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>Ronald Alexander</u>	Latitude: <u>30° 20' 45.45" N</u> Longitude: <u>89° 11' 29.28" W</u>
Mailing Address: <u>4225 Salvador Drive</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Long Beach MS 39560</u> City State Zip Code	USGS quad _____, <u>Hand-held GPS</u> , Survey-grade GPS _____
Telephone No. (<u>228</u>) <u>223-8835</u>	_____ 1/4 _____ 1/4 Sec <u>7 23</u> T <u>8 S</u> R <u>12 W</u>
	Distance Direction Nearest Town
	<u>3.6</u> Miles <u>east</u> of <u>Long Beach</u>

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	<u>Electric Motor</u> <input checked="" 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 HP</u>
Date Pump Installed: <u>7-7-16</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>7</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-7-16</u>	Air Line Electric Measuring Line <u>Steel Tape</u> <input checked="" type="radio"/>
Static Water Level (A): <u>30</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>60</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>5 30</u> Feet Below Land Surface	Well yielded <u>35</u> GPM with a drawdown of
Test Pumping Rate: <u>10</u> Gallons Per Minute	<u>5</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

Michael McMill SR #0239
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

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Form: OLWR-SWR-1B

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