

**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: MC Bill pump + well  
Date drilling completed: 6-22-16

**For Office Use Only:**  
Aquifer: \_\_\_\_\_  
Well #: 0414  
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.*

<p><b>Information on Well Owner</b> (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Johnny E 1124</u> Mailing Address: <u>7009 west Bell Fountain</u> <u>Ocean Springs MS 39564</u> City State Zip Code Telephone No. <u>(601) 845-5718</u></p>	<p><b>Well or Borehole Location</b> <span style="float: right;">33 114</span></p> <p>Latitude: <u>30° 20' 36.54"</u> Longitude: <u>88° 43' 33.61"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS <u>5E 5W 18 S</u> Sec <u>27</u> Twn <u>8S</u> Rng <u>7W</u> Distance Direction Nearest Town <u>10.8</u> Miles <u>South</u> of <u>Ocean Springs</u></p>
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**Well / Borehole Data**

Date drilling started: 6-20-16 Date drilling completed: 6-22-16 Hole depth: 540 Hole diameter: 4x2

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: \_\_\_\_\_

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_  
Name of organization running log(s): \_\_\_\_\_

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 one): Home  Industrial \_\_\_\_\_ Public Supply \_\_\_\_\_ Irrigation \_\_\_\_\_ Fish Culture \_\_\_\_\_ Other: \_\_\_\_\_

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) Back wash valve

Static Water Level: 50 feet above or below (circle one) land surface Date measured: 6-22-16

Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Well depth: 560 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 540 feet Casing diameter: 4x2 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 540 feet to 560 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development  
Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: 180 feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

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0414

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 intersects, show depths on sketch.

Ground Level	
0	
20	mud
	sand
60	sandy mud
80	mud
100	sand
100	mud
180	mud
300	mud
300	
340	sand/mud
460	mud
500	sand mud
540	sand
560	sandy sand

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
mud	0	20
sand	20	60
mud	60	80
sand	80	100
mud	100	300
sand/mud	300	340
mud	340	460
sand/mud	460	500
sand	500	560

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.

property line

x well

tree

house

concrete drive

Landowner Name: Johnny 51124

Form: OLWR-SWR-1A

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 McMillin SA# 0229 7/11/16  
 Print Name of Responsible Licensee and License No. Date

Received  
 Signature of Licensee

JUL 25 2016  
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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: ML Gill pump + well  
 Date completed: 6-22-16  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: 0414  
 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>Johnny E 1127</u>	Latitude: <u>30° 20' 36.54" N</u> Longitude: <u>88° 43' 33.61" W</u>
Mailing Address: <u>7009 west Bell Fwy</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, <u>Hand-held GPS</u> , Survey-grade GPS _____
<u>Ocean Springs MS 39564</u> City State Zip Code	Distance Direction Nearest Town <u>10.8 Miles South of Ocean Springs</u>
Telephone No. <u>(601) 845-5718</u>	

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 h.p.</u>
Date Pump Installed: <u>6-23-16</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-23-16</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>50</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>100</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>10 50</u> Feet Below Land Surface	Well yielded <u>40</u> GPM with a drawdown of
Test Pumping Rate: <u>20</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 McNeill 86# 0239 [Signature]  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Received

JUL 25 2016  
Form: OLWR-SWR-1B

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