

Jackson

# State Well Report Part 1

For Office Use Only:

County: Harrison  
Permit #: \_\_\_\_\_  
Driller: M+M Well  
Date drilling completed: 8-8-04

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)

Aquifer: \_\_\_\_\_  
Well #: E-92  
L. S. Elevation: J 581  
E-log #: \_\_\_\_\_

*Hand-dug well source*

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information		Well Location	
Owner Name: <u>Terry Kenny</u>	Latitude: <u>30° 33' 43"</u>	Longitude: <u>88° 52' 48"</u>	
Mailing Address: <u>14903 Old Biloxi Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>		
<u>Old Ocean Springs 39564</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS		
City: _____ State: _____ Zip Code: _____	NW <u>1/4</u> NE <u>1/4</u> Sec. <u>03</u> Twn <u>65</u> Rng <u>9W</u>		
Telephone No. <u>(228) 392-7787</u>	Distance: <u>4 miles</u> Direction: <u>North</u> Nearest Town: <u>Silmer</u>		
Well Data			
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____			
Date well drilling started: <u>8-6-04</u>		Date well drilling completed: <u>8-8-04</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>68</u> feet above or below (circle one) <u>land surface</u>		Date measured: <u>8-8-04</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>Blum Bar</u>			
Hole depth: <u>260</u>		Well depth: <u>260</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix			
Casing length: <u>250</u> feet		Casing diameter: <u>2"</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>10</u> feet		Screen diameter: <u>2"</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>1006</u> inches Setting depth: From <u>250</u> feet to <u>260</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 back of page			
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____			
Name of organization running log(s): _____			
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.			
<u>Glen Madden 0-563</u>		<u>Glen Madden</u>	
Print Name of Water Well Contractor and License No.		Signature of Water Well Contractor	

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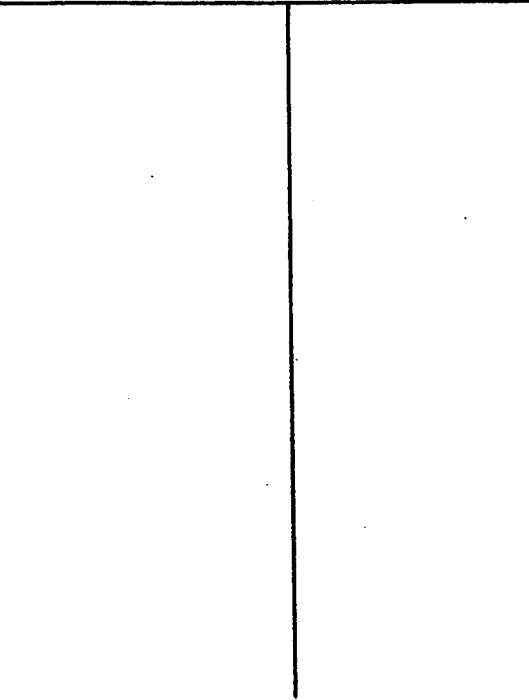
SEP 03 2004

BY: OLWR

If well telescopes please sketch below and show depths.

E-0092  
J581

Ground Level



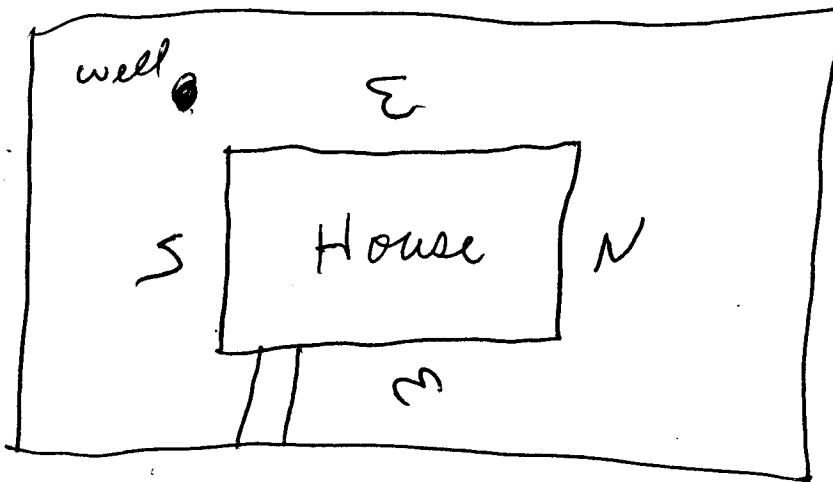
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
White Clay	0	18
Green Clay	18	242
sand	242	260

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) indicate direction.



Landowner Name:

Terry Kenny

[Signature]  
Signature of Water Well Contractor

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BY: OLWR

Zip

# 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)

For Office Use Only:

Aquifer: J581  
Well #: E-92  
Elevation: \_\_\_\_\_

County: Harrison  
Permit #: \_\_\_\_\_  
Driller: M+M Well  
Date completed: 8-9-04

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Terry Kerny</u>	Latitude: <u>30-33.45</u> Longitude: <u>88.52 485</u>
Mailing Address: <u>14903</u> <u>Old Biloxi Rd</u> <u>Ocean Springs Ms. 39564</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS <u>NW 1/4 NE 1/4 Sec 03 Twn 65 Rng 9 W</u>
Telephone No. <u>(228) 392-7787</u>	Distance Direction Nearest Town <u>4 Miles</u> <u>West of Latimer</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Submersible	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</u>
Date Pump Installed: <u>8-9-04</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>6.5</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): <u>Blum Bob</u>
Pumping Water Level (B): <u>68</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ 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): _____ hours	

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

GLEN MADDEN 0563  
Print Name of Pump Installer and License No. (if applicable)

[Signature]  
Signature of Pump Installer

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SEP 03 2004  
BY: OLWR