

# 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)961-5555  
(601)961-5228 (fax)

#### For Office Use Only:

Well #: G 130  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Stone  
Permit #: \_\_\_\_\_  
Driller: Josh Boone  
Date drilling completed: 7-28-17

*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>Anthony Pennington</u>	Latitude: <u>30 48 44 N</u> Longitude: <u>89 2 46 W</u>
Mailing Address: <u>1111 King Bee Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Perkinston</u> MS <u>39513</u>	<u>NE</u> ¼ <u>SW</u> ¼, Sec <u>1</u> T <u>35</u> R <u>11W</u>
City State Zip Code	<u>2.2</u> Miles <u>SE</u> of <u>Wiggins</u>
Telephone No. <u>(601) 710-4500</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>7-28-17</u> Date drilling completed: <u>7-28-17</u> Hole depth: <u>135 ft</u> Hole diameter: <u>7 7/8"</u>
Location of the source of any surface water used for drilling: <u>community water</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>granulated chlorine</u>
Logs run (check all applicable): <input type="checkbox"/> 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 (check one): Water Well <input checked="" 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 (check all applicable): <input checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>30 ft</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface Date measured: <u>7-28-17</u> <small>(check one)</small>
Method of measurement (check one) <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>135 ft</u> Well grouted to a depth of: <u>10</u> feet Type of grout (check one) <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>105</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>sch 40 pvc</u>
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>saw slotted</u>
Screen slot size: <u>8</u> inches Setting depth: From <u>115</u> feet to <u>135</u> feet
Type of completion (check all applicable) <input checked="" type="checkbox"/> gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet
<i>If telescoped or more than one screen, describe on next page</i>

# STATE WELL REPORT

## 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 #: 6130  
 Aquifer: \_\_\_\_\_

County: Stone  
 Permit #: \_\_\_\_\_  
 Driller: Josh Boone  
 Date completed: 7-28-17  
*Copy information from block on Part 1*

*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>Anthony Pennington</u>	Latitude: <u>30-48.44N</u> Longitude: <u>89 2 46 W</u>
Mailing Address: <u>1111 King Bee Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Perkinston</u> <u>MS</u> <u>39573</u>	<u>NE</u> ¼ <u>SW</u> ¼, Sec <u>1</u> T <u>3S</u> R <u>11W</u>
City State Zip Code	<u>22</u> Miles <u>SE</u> of <u>Wiggins</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

**Pump Type (check one)**

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

Date Pump Installed: 7-28-17 Rated Pump Capacity: 18 Gallons Per Minute

Is This Pump (check one):  New  Repaired  Replacement

**Power Type (check one)**

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

Horse Power Rating of Motor: 1hp Setting Depth: 60 feet Number of Stages: 12

**Pump Test Data for Non Flowing Well**

Date Well Tested: 7-28-17 Duration of Pump Test (minimum 4 hours): 6 hours

Static Water Level (A): 30ft Feet Below Land Surface Pumping Water Level (B): 50 Feet Below Land Surface

Drawdown [(B) - (A)]: 20 Feet Below Land Surface Test Pumping Rate: 18 Gallons Per Minute

Method of measurement (check one): Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well**

Measured shut in head: \_\_\_\_\_ feet.

Well yielded 18 GPM with a drawdown of 20 feet after 6 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 (check 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.*

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

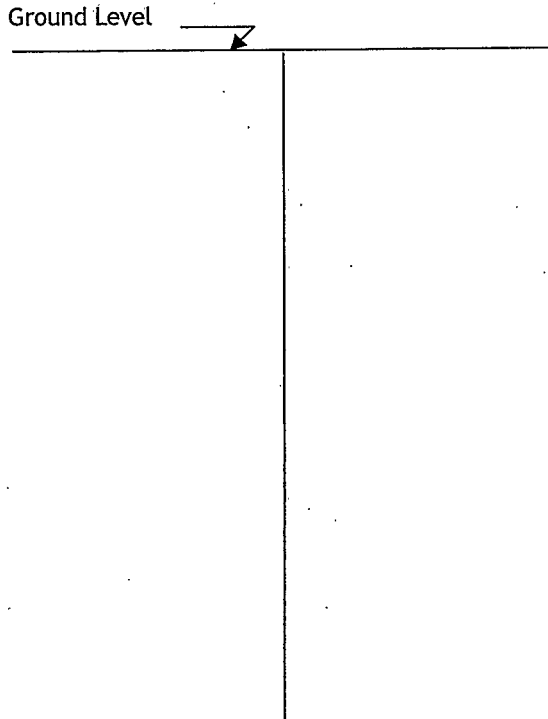
Scott Boone 6262 \_\_\_\_\_ Scott Boone  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

County: Stone  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
 Well #: G130

The sketch below only required for water wells

If well telescopes, show depths on sketch.

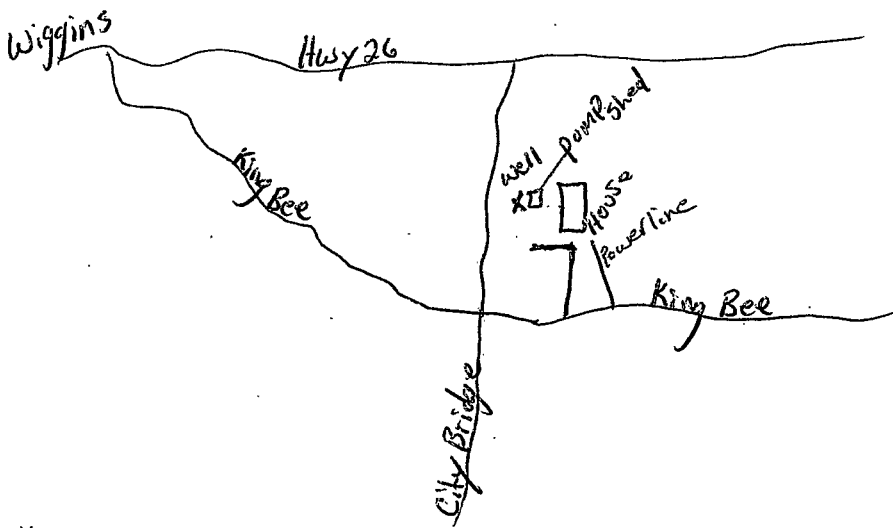


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Top Soil	Ground level	2ft
red clay	2ft	10ft
sand & gravel	10ft	135ft

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) north arrow



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Landowner Name: \_\_\_\_\_

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.

Scott Boone      62602      8-22-17      Scott Boone  
 Print Name of Responsible Licensee and License No.      Date      Signature of Licensee

Stone

# 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)961-5555  
(601)961-5228 (fax)

#### For Office Use Only:

Well #: G131  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Harrison  
Permit #: 0239  
Driller: McMill Pump & Well  
Date drilling completed: 12-28-17

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.

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Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Jay Janus</u>	Latitude: <u>30° 48' 10.95" N</u> Longitude: <u>89° 3' 58.16" W</u>
Mailing Address: <u>53 Board Aol</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Perkinston</u> MS <u>39573</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>5W 1/4 NW 1/4, Sec 11 T35 R11W</u>
Telephone No. <u>(228) 383-7303</u>	<u>4.7</u> Miles <u>North</u> of <u>Mc Henry</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data	
Date drilling started: <u>12-28-17</u>	Date drilling completed: <u>12-28-17</u> Hole depth: <u>540</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: <u>NA</u>	
Logs run (check all applicable): <input type="checkbox"/> log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: <u>NO LOG RUN</u>	
Name of organization running log(s): <u>NA</u>	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe): _____	
If drilling is not related to water well construction, skip the remainder of this block	
Purpose of Well (check all applicable): <input checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input 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>80</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface Date measured: <u>12-28-17</u>	
Method of measurement (check one): <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____	
Well depth: <u>540</u> Well grouted to a depth of: <u>10</u> feet Type of grout (check one): <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix	
Casing length: <u>520</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>520</u> feet to <u>540</u> feet	
Type of completion (check all applicable): <input type="checkbox"/> 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>220</u> feet	
If telescoped or more than one screen, describe on next page	

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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 2309  
 Jackson, MS 39225-2309  
 (601)961-5210  
 (601) 360-0535 (fax)

County: HARRISON  
 Permit #: 0239  
 Driller: McBill Pump + Well  
 Date completed: 12-29-17  
*Copy information from block on Part 1*

**For Office Use Only:**  
 Well #: 6131  
 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>Jay Janys</u>	Latitude: <u>30° 48' 10.95" N</u> Longitude: <u>89° 3' 58.16" W</u>
Mailing Address: <u>53 Bond Rd</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Perkinston</u> MS <u>39573</u>	<u>SW 1/4 NW 1/4, Sec 11 T35 R11W</u>
City State Zip Code	<u>4.7</u> Miles <u>North</u> of <u>Mc Henry</u>
Telephone No. <u>(281) 383-7303</u>	(Distance) (Direction) (Nearest Town)

**Pump Type (check one)**  
 Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_  
 Date Pump Installed: 12-29-17 Rated Pump Capacity: 25 Gallons Per Minute  
 Is This Pump (check one):  New  Repaired  Replacement

**Power Type (check one)**  
 Electric  Diesel  Gasoline  Natural Gas  Tractor PTO  Windmill  Other (describe): \_\_\_\_\_  
 Horse Power Rating of Motor: 1 1/2 Setting Depth: 160 feet Number of Stages: 11

**Pump Test Data for Non Flowing Well**

Date Well Tested: 12-29-17 Duration of Pump Test (minimum 4 hours): 4 hours  
 Static Water Level (A): 80 Feet Below Land Surface Pumping Water Level (B): 160 Feet Below Land Surface  
 Drawdown [(B) - (A)]: 5 Feet Below Land Surface Test Pumping Rate: 40 Gallons Per Minute  
 Method of measurement (check one): Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well** N/A

Measured shut in head: \_\_\_\_\_ feet.  
 Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation** N/A

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 (check 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.

Michael McBill #0239 11/21/18 [Signature]  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

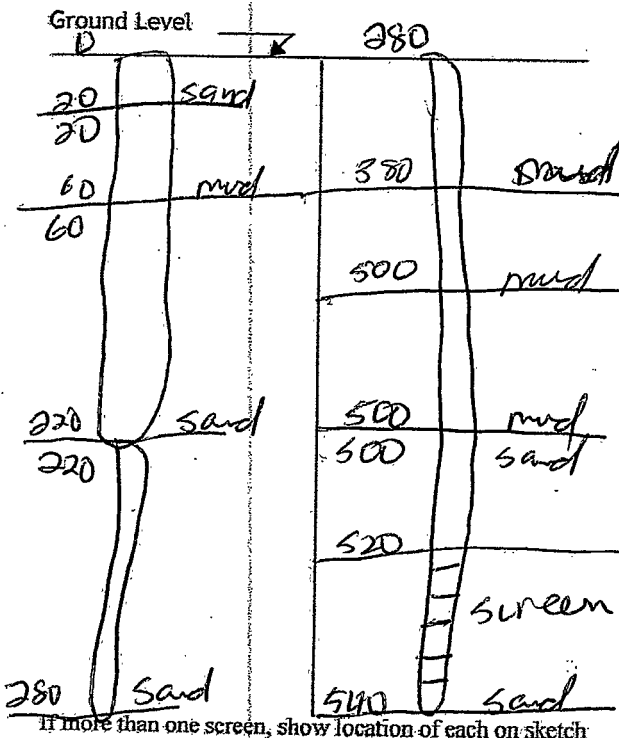
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County: Harrison Stone  
 Permit #: 0239

**For Office Use Only:**  
 Well #: 6131

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



Description of Formations Encountered	From (depth)	To (depth)
	Ground level	
Sand	0	20
mud	20	60
sand	60	280
mud	280	500
sand	500	540

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) north arrow

*See Back page*

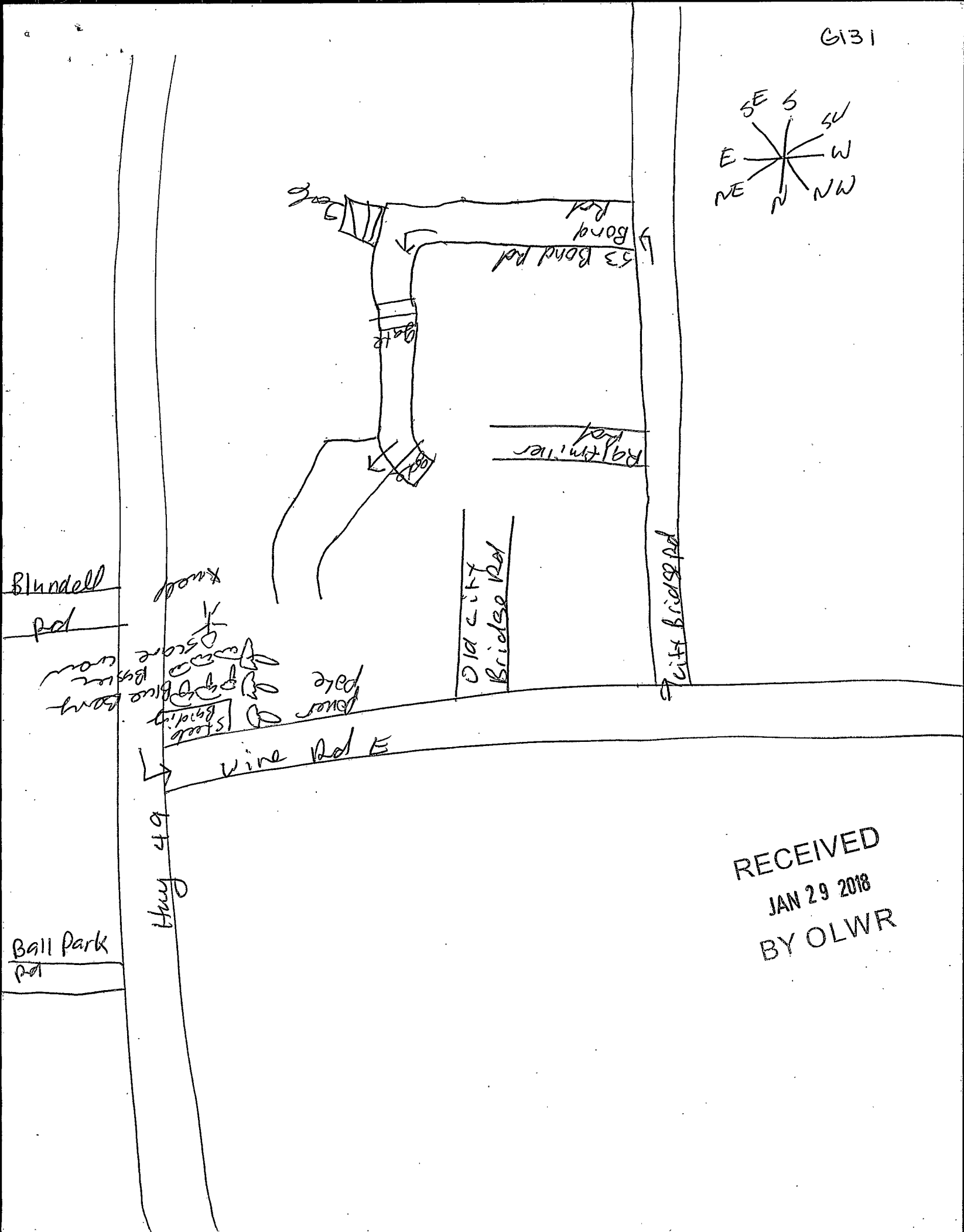
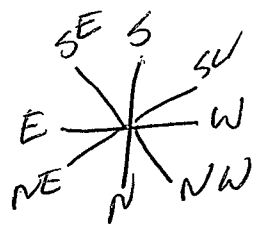
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 BY OLWR

Landowner Name: Jay Jany

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 McMill Bull #0239 1/21/18  
 Print Name of Responsible Licensee and License No. Date

[Signature]  
 Signature of Licensee



Blundell Rd

know

man from score  
Blue pole  
Steel Building  
Lower pole

Wire Rd E

Hwy 49

Ball Park Rd

Old City Bridge Rd

City Bridge Rd

53 Bond Rd

Bond Rd

Bond Rd

Railroad

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