

State Well Report

Part 1

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: _____
Well #: K-540
L. S. Elevation: _____
E-log #: _____

County: Hancock 045
Permit #: 0239
Driller: McGill Pump & Well
Date drilling completed: 08/13/04

McGill Pump and Well

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>Tommy Vodanavich</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>10229 CHOCTAW</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>BSL</u> <u>Ms.</u>	_____ 1/4 _____ 1/4 Sec <u>30</u> Twn <u>8S</u> Rng <u>14W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (____) _____	<u>2</u> Miles <u>N</u> of <u>BSL</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 8/13/04 Date well drilling completed: 08/13/04

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 20 feet above or below (circle one) land surface Date measured: 08/13/04

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

Hole depth: 400 Well depth: 400' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 380 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .0006 inches Setting depth: From 380 feet to 400 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: 2 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): _____

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BY: OLWR

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.

McGill Pump & Well 0239
Print Name of Water Well Contractor and License No.

Michael McNeil
Signature of Water Well Contractor

M.B. Drilling Co., Inc.

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: _____

Well #: K-540

Elevation: _____

County: Hancock

Permit #: Applied for
Pump installer

~~Walter Fendley~~

Date completed: 8/20/04

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>Tommy Vadanovich</u>	Latitude: <u>30.323</u> Longitude: <u>-89.435</u>
Mailing Address: <u>10229 Choctaw Dr.</u> <u>Bay St. Louis</u>	Method of Lat/Long (circle one): Conventional Survey, Maporama - Internet USGS quad, Hand-held GPS, Survey-grade GPS
<u>Bay St. Louis, Ms. 39521</u> City State Zip Code	<u>N</u> ¼ <u>W</u> ¼ Sec <u>30</u> Twn <u>8S</u> Rng <u>14W</u>
Telephone No. (<u>504</u>) <u>382-2000</u>	Distance Direction Nearest Town <u>5</u> Miles <u>NW</u> of <u>Bay St. Louis</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet 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): <u>1 HP shallow well pump</u>	Horse Power Rating of Motor: <u>1</u> HP
Date Pump Installed: <u>8/20/04</u>	Setting Depth: <u>30'</u> drop pipe feet
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Number of Stages: <u>1</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>String & weight</u>
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded <u>15</u> GPM with a drawdown of
Test Pumping Rate: _____ Gallons Per Minute	<u>12</u> feet after <u>2</u> hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Walter Fendley license applied for
Print Name of Pump Installer and License No. (if applicable)

Walter Fendley
Signature of Pump Installer

Braden Pump & Well Ser., Inc.

Mike McMill drilled well.

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