

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-548
L. S. Elevation: _____
E-log #: _____

County: HANCOCK
Permit #: 0239
Driller: McGill Pump & Well
Date drilling completed: 01/13/06

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>Termon CAPPS</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>11287 Texas Ave</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>BSL MS. 39572</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4 1/4 Sec 40 Twn 8S Rng 14W</u>
Telephone No. (<u> </u>) <u>No/phone</u>	Distance Direction Nearest Town
	<u>5 Miles S of BSL</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 01/12/06 Date well drilling completed: 01/13/06
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 26' feet above or below (circle one) land surface Date measured: 01/13/06
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 180 Well depth: 180' Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 140 feet Casing diameter: 2 inches Type of casing: PVC
Screen length: 20 feet Screen diameter: 2 inches Type of screen: PVC
Screen slot size: 2000 inches Setting depth: From 160 feet to 180 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: _____ 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.

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

Michael McGill
Signature of Water Well Contractor

RECEIVED

JAN 24 2006

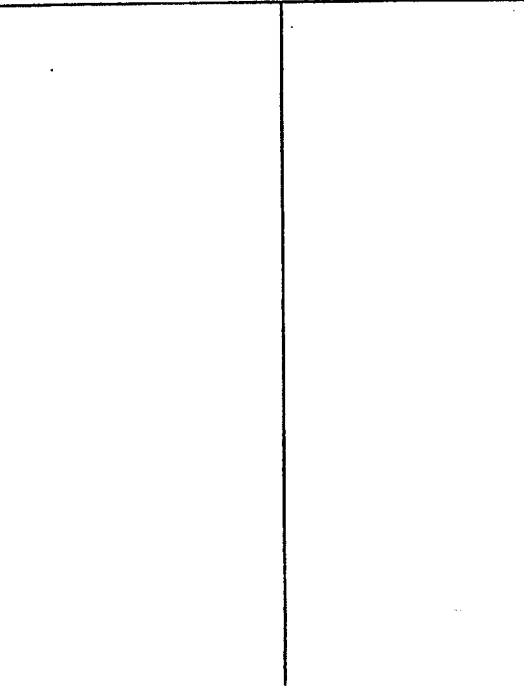
BY: OLWR

K-548

If well telescopes please sketch below and show depths.

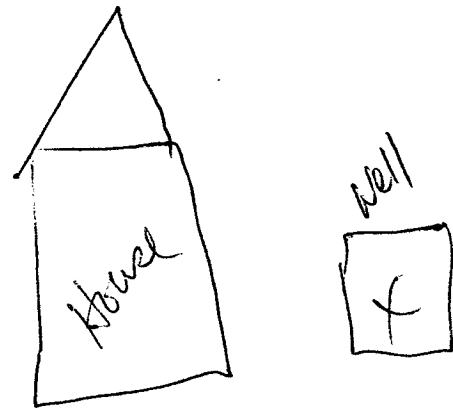
Ground Level

Description of Formations Encountered	From	To
MUD (BLUE)	0	20
SAND (WHITE)	20	80
MUD (BLACK)	80	140
SAND (BLACK)	140	180



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: Truman Capps

RECEIVED
 JAN 24 2006
 BY: OLWR

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-548

Elevation: _____

County: Hancock
Permit #: 0239
Pump Installer: McNeil Pump & Well
Date completed: 01/13/06

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>Truman Capps</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>11987 Texas St.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>BSL MS 39572</u>	_____ 1/4 _____ 1/4 Sec <u>40</u> Twn <u>9S</u> Rng <u>14W</u>
City State Zip Code	Distance Direction Nearest Town
Phone No. () <u>No/ phone</u>	<u>3</u> Miles <u>N</u> of <u>BSL</u>

Pump Type Circle one	Power Type Circle one
<input checked="" type="radio"/> Lift	<input type="radio"/> Diesel Engine
<input type="radio"/> Rocket	<input type="radio"/> Gasoline Engine
<input type="radio"/> Centrifugal	<input checked="" type="radio"/> Electric Motor
<input type="radio"/> Jet	<input type="radio"/> Hand
<input type="radio"/> Piston	<input type="radio"/> Natural Gas
<input type="radio"/> Rotary	<input type="radio"/> Tractor PTO
<input type="radio"/> Submersible	Windmill Other (specify): _____
<input type="radio"/> Turbine	Horse Power Rating of Motor: <u>1/2</u>
<input type="radio"/> Flowing Well	Setting Depth: <u>20</u> feet
Other (specify): _____	Number of Stages: <u>1</u>
Date Pump Installed: <u>01/13/06</u>	
Rated Pump Capacity: <u>10</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>01/13/06</u>	<input type="radio"/> Air Line
Static Water Level (A): <u>20</u> Feet Below Land Surface	<input type="radio"/> Electric Measuring Line
Operating Water Level (B): <u>40</u> Feet Below Land Surface	<input checked="" type="radio"/> Steel Tape
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	Other (specify): _____
Flowing Pumping Rate: <u>10</u> Gallons Per Minute	For flowing well, measured shut in head: _____ feet
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Well yielded <u>10</u> GPM with a drawdown of <u>10</u> feet after <u>4</u> hours of pumping

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

McNeil Pump & Well 0239

RECEIVED

JAN 24 2006

BY: OLWR