

State Well Report

Part I

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: Hancock
Permit #: 0239
Driller: McGill Pump & Well
Date drilling completed: 01-06-07

For Office Use Only:
Aquifer:
Well #: K-549
L. S. Elevation:
E-log #:

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: Owner Name: RICHARD OLIVER, Mailing Address: 5093 Lower By Rd, BSL MS 39520, Telephone No: N/A
Well Location: Latitude: Longitude: Method of Lat/Long: Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, Distance: 4 Miles, Direction: West, Nearest Town: Bay St Louis

Well Data: Purpose of Well: Home, Date well drilling started: 01/04/07, Date well drilling completed: 01/06/07, Static Water Level: 20 feet above land surface, Method of Measurement: steel tape, Hole depth: 300', Well depth: 300', Well grouted to a depth of 10 feet, Type of grout: Cement, Casing length: 280 feet, Casing diameter: 2x4 inches, Type of casing: PVC, Screen length: 20 feet, Screen diameter: 2 inches, Type of screen: PVC, Screen slot size: 0.006 inches, Setting depth: From 280 feet to 300 feet, Type of completion: Natural Development, Top of lap pipe or reduction in casing: 160 feet, Logs run: No log run

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.

Print Name of Water Well Contractor and License No.: McGill Pump & Well 0239
Signature of Water Well Contractor: Michael McGill Sr.

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: Hancock
 Permit #: 0239
 Driller: McGill Pump & Well
 Date completed: 01/06/07

For Office Use Only:

Aquifer: _____
 Well #: K-549
 Elevation: _____

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>Richard Oliver</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>5093 Lower Bay Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>BSL</u> <u>MS.</u> <u>39520</u>	_____ 1/4 _____ 1/4 Sec <u>5</u> Twn <u>9S</u> Rng <u>14W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>N/A</u>	<u>4</u> Miles <u>W</u> of <u>B.S.L.</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): <u>F</u>
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>01/06/07</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>18</u> Gallons Per Minute	Number of Stages: <u>8</u>

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 BY: OLWR

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>20</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>60</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>20</u> Feet Below Land Surface	Well yielded <u>18</u> GPM with a drawdown of
Test Pumping Rate: <u>18</u> Gallons Per Minute	<u>20</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.

McGill Pump & Well 0239 Michael McGill Sr.
Signature of Pump Installer