

State Well Report

Part 1

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 10831  
Jackson, MS 39288-0831  
(601)961-5210  
(601)354-6938 (fax)

Our Order the County:

System: **K-552**  
Well #: **K-552**  
C.D. Elevation:  
State #:

County: **Hancock**  
Well #: **0239**  
Name: **McGill Pump & Well**  
Date drilling completed: **11/24/07**

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
Name: <b>Brenda Lane</b>	Latitude: _____ Longitude: _____
Street Address: <b>7191 Lower Bay Rd.</b>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey <input type="checkbox"/> USGS quad <input type="checkbox"/> Hand-held GPS <input type="checkbox"/> Survey-grade GPS
<b>BSL MS 39500</b>	W <b>7</b> E <b>9S</b> Rng <b>14W</b>
City: _____ State: _____ Zip Code: _____	Distance: <b>3</b> Miles <b>W</b> of <b>Waveford</b>
Telephone No: <b>228 493-2797</b>	

Well Data

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

Date well drilling started: **11/24/07** Date well drilling completed: **11/24/07**

If flowing, method of flow regulation: Valve **20** Other (describe): \_\_\_\_\_

Static Water Level: \_\_\_\_\_ feet above or below (circle one) land surface Date measured: **11/24/07**

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

Total depth: **340'** Well depth: **340'** Well grouted to a depth of **10** feet

Type of grout (circle one):  Cement  Bentonite  Mix

Casing length: **340** 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 **320** feet to **340** feet

Type of completion (circle all applicable):  Gravel packed  Underdrains  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 logs: \_\_\_\_\_

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. **McGill MS 11 B**  
Signature of Water Well Contractor

RECEIVED  
DEC 19 2007  
BY: OLWR