

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 #: L-110 045
L. S. Elevation: _____
E-log #: _____

County: Hancock
Permit #: 0239
Driller: McGill Pump & Well
Date drilling completed: 10-28-04

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: JERRY PATERSON
Mailing Address: 11193 Oak Dr.
BSL MS
City State Zip Code
Telephone No. 228 467-7011

Well Location

Latitude: _____ Longitude: _____
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS, Survey-grade GPS
____ 1/4 ____ 1/4 Sec 31 Twn. 95 Rng. 14W
Distance 4 Miles Direction N of Nearest Town P.E.

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 10-26-04 Date well drilling completed: 10-28-04
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 20 feet above or below (circle one) land surface Date measured: 10-29-04
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 750 Well depth: 750 Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 730 feet Casing diameter: 2" inches Type of casing: PVC
Screen length: 20 feet Screen diameter: 2" inches Type of screen: PVC
Screen slot size: 0.026 inches Setting depth: From 730 feet to 750 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

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BY: OLWF

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 #: L-110 c 45

Elevation: _____

County: Hancock
Permit #: 0239
Driller: McGill Pump & Well
Date completed: 10-28-04

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>Jerry Peterson</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1192 Oak Dr.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>BSL MS.</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4 1/4 Sec 31 Twn 9S Rng 16</u>
Telephone No. <u>(228) 467-7011</u>	Distance Direction Nearest Town
	<u>4</u> Miles <u>N</u> of <u>P.C.</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>10-29-04</u>	Setting Depth: <u>40</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-29-04</u>	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>40</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	Well yielded <u>12</u> GPM with a drawdown of
Test Pumping Rate: <u>12</u> Gallons Per Minute	<u>10</u> feet after <u>2</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>2</u> hours	

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

McGill Pump & Well 0239
Print Name of Pump Installer and License No. (if applicable)

Michael M. Sullivan
Signature of Pump Installer

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DEC 28 2004

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