

# 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-111  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: HANCOCK  
Permit #: 0239  
Driller: McGill Pump & Well  
Date drilling completed: 08/10/06

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>Chyde LeSteur</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>6082 Payswood Dr.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Pearlington, Ms. 39572</u>	<u>1/4 1/4 Sec 37 Twn 9S Rng 16W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) <u>N/A</u>	<u>25 Miles W of GPT</u>

### Well Data

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

Date well drilling started: 08/10/06 Date well drilling completed: 08/10/06

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

Static Water Level: 5 feet above or below (circle one) land surface Date measured: 08/10/06

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

Hole depth: 260 Well depth: 260 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 240 feet Casing diameter: 2 inches Type of casing: PVC

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

Screen slot size: 1/8 inches Setting depth: From 240 feet to 260 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 Sr.  
Signature of Water Well Contractor

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AUG 30 2006  
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-111  
 Elevation: \_\_\_\_\_

County: Hancock  
 Permit #: 02339  
 Well Name: McMill Pump Well  
 Date completed: 08/10/06

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**

Owner Name: Clyde Le Steur  
 Mailing Address: 1002 Bayouwood Dr.  
Pearlington, MS 39572  
 City State Zip Code

Phone No. ( ) N/A

**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 37 Twn 9S Rng 16W  
 Distance Direction Nearest Town  
2.5 Miles W of GPT.

**Pump Type**  
Circle one

~~Lift Jet Submersible  
 Piston Turbine  
 Rotary Flowing Well~~  
 Other (specify): \_\_\_\_\_  
 Date Pump Installed: \_\_\_\_\_  
 Rated Pump Capacity: \_\_\_\_\_ Gallons Per Minute

**Power Type**  
Circle one

~~Diesel Engine Gasoline Engine Natural Gas  
 Electric Motor Hand Tractor PTO  
 Windmill Other (specify): \_\_\_\_\_  
 Horse Power Rating of Motor: \_\_\_\_\_  
 Setting Depth: \_\_\_\_\_ feet  
 Number of Stages: \_\_\_\_\_~~

**Pump Test Data**

Date Well Tested: 08/10/06  
 Static Water Level (A): 5 Feet Below Land Surface  
 Pumping Water Level (B): \_\_\_\_\_ Feet Below Land Surface  
 Drawdown [(B) - (A)]: \_\_\_\_\_ Feet Below Land Surface  
 Pumping Rate: \_\_\_\_\_ Gallons Per Minute  
 Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

**Method of Measuring Water Level**  
Circle one

~~Air Line Electric Measuring Line Steel Tape  
 Other (specify): \_\_\_\_\_  
 For flowing well, measured shut in head: \_\_\_\_\_ feet  
 Well yielded \_\_\_\_\_ GPM with a drawdown of  
 \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping~~

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

McMill Pump & Well 0239

Michael P. McMill

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 AUG 30 2006  
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