

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: 08/14/06

For Office Use Only:
Aquifer: _____
Well #: L-112
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	Well Location
Owner Name: <u>Anthony Lee</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>7374 Lower Bay Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>BSC MS 39520</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4 1/4 Sec 18 Twn 9S Rng 14W</u>
Telephone No. () <u>N/A</u>	Distance Direction Nearest Town
	<u>20 Miles W of GPT.</u>

Well Data

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

Date well drilling started: 08/14/06 Date well drilling completed: 08/14/06

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

Static Water Level: 5 feet above or (below) (circle one) land surface Date measured: 08/14/06

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

Hole depth: 300 Well depth: 300 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 300 feet Casing diameter: 300 inches Type of casing: PVC

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

Screen slot size: 10006 inches Setting depth: From 280 feet to 300 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 Jr.
Signature of Water Well Contractor

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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 #: L-112
 Elevation: _____

County: Hancock
 Permit #: 02339
 Installer: McGill Pump & Well
 Date completed: 08/14/06

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: Anthony Lee
 Mailing Address: 7374 Lower Bay Rd
BSL MS. 39528
 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 18 Twn 9S Rng 14 W
 Distance Direction Nearest Town
2.0 Miles W of GPT

Pump Type
Circle one

~~Lift Jet Submersible
 Centrifugal 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: 08/14/06
 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~~

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

McGill Pump & Well 02339

Michael P. McGill Sr.