

# 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)

### For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: L-113  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Hancock  
Permit #: 0239  
Driller: McGill Pump & Well  
Date drilling completed: 08/06/07

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  |
|---|--|
| Owner Name: <u>Jean Trammell</u>          | Latitude: _____ Longitude: _____   |
| Mailing Address: <u>6045 McArthur Ln.</u> | Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS |
| <u>Pearlington Ms. 39572</u>              | <u>1/4</u> <u>1/4</u> Sec <u>19</u> Twn <u>9S</u> Rng <u>16W</u>   |
| City State Zip Code                       | Distance Direction Nearest Town  |
| Telephone No. <u>N/A</u>                  | <u>1/2</u> Miles <u>N</u> of <u>Pearlington</u>  |

### Well Data

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

Date well drilling started: 08/06/07 Date well drilling completed: 08/06/07

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

Static Water Level: 10 feet above or below (circle one) land surface Date measured: 08/06/07

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: 280 feet Casing diameter: 2 inches Type of casing: PVC

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

Screen slot size: 0.075 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 Sr.  
Signature of Water Well Contractor

RECEIVED  
SEP 04 2007  
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)

County: Hancock  
 Permit #: 0239  
 Driller: McGill Pump & Well  
 Date completed: 08/06/07

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: L-113  
 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>Jean Trammell</u>          | Latitude: _____ Longitude: _____  |
| Mailing Address: <u>6045 McArthur Ln.</u> | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Deerlington Ms. 39572</u>              | _____ 1/4 _____ 1/4 Sec. <u>19</u> Twn <u>9S</u> Rng <u>16W</u>                                     |
| City State Zip Code                       | Distance Direction Nearest Town   |
| Telephone No. <u>N/A</u>                  | <u>1/2</u> Miles <u>N</u> of <u>Deerlington</u>   |

| Pump Type<br>Circle one   | Power Type<br>Circle one   |
|---|--|
| Air Lift <input checked="" type="radio"/> Jet <input type="radio"/> Submersible | Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> 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 <input type="radio"/> Other (specify): _____  |
| Other (specify): _____  | Horse Power Rating of Motor: <u>1</u>  |
| Date Pump Installed: <u>08/06/07</u>  | Setting Depth: <u>30</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<br>Circle one  |
|--|--|
| Date Well Tested: <u>08/06/07</u>                          | Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> <input checked="" type="radio"/> Steel Tape |
| Static Water Level (A): <u>10</u> Feet Below Land Surface  | Other (specify): _____   |
| Pumping Water Level (B): <u>30</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>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

RECORDED  
 08/06/07  
 11:00 AM