

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 #: B-274
L. S. Elevation: _____
E-log #: _____

County: Harrison

Permit #: 0239

Driller: M'Skill Pump & Well

Date drilling completed: 07/22/06

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>Mitch LADNER</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>19472 Pete Hickman Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Saucier Ms. 39574</u>	_____ 1/4 _____ 1/4 Sec <u>3</u> Twn <u>55</u> Rng <u>13 W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(228) 831-2682</u>	<u>10</u> Miles <u>N</u> of <u>GPT</u>

Well Data

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

Date well drilling started: 07/20/06 Date well drilling completed: 07/22/06

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

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 07/22/06

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

Hole depth: 350 Well depth: 350 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 330 feet Casing diameter: 4x2 inches Type of casing: PVC

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

Screen slot size: 1.0006 inches Setting depth: From 330 feet to 350 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: 200 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.

M'Skill Pump & Well 0239

Print Name of Water Well Contractor and License No.

Mitch Ladner

Signature of Water Well Contractor

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AUG 3 8 2006
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 #: B-274
 Elevation: _____

County: Harrison
 Permit #: 02339
 Installer: McGill Pump & Well
 Date completed: 07/22/06

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: Witch Ladner
 Mailing Address: 19472 Pete Hickman Rd
Saucier, Ms. 39574
 City State Zip Code
 Phone No. (228) 831-2682

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. 3 Twn 55 Rng 12W
 Distance Direction Nearest Town
10 Miles N of GPT

Pump Type
Circle one

Lift Jet Submersible
 Rocket Piston Turbine
 Centrifugal Rotary Flowing Well

Power Type
Circle one

Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____
 Horse Power Rating of Motor: 1 1/2
 Setting Depth: 140 feet
 Number of Stages: 10

Pump Test Data

Date Well Tested: 07/22/06
 Static Water Level (A): 80 Feet Below Land Surface
 Pumping Water Level (B): 140 Feet Below Land Surface
 Drawdown [(B) - (A)]: 20 Feet Below Land Surface
 Pumping Rate: 20 Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): 4 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 20 GPM with a drawdown of
20 feet after 4 hours of pumping

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

McGill Pump & Well 0239

Michael P. McGill

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