

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: Harrison
Permit #: 0239
Driller: McGill Pump & Well
Date drilling completed: 01/08/07

For Office Use Only:

Aquifer: _____
Well #: B-277
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>HERB DILINGER</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>18294 Miller Edwards RP</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Sauvier, MS 39574</u>	<u>1/4 Sec 12 Twn 55 Rng 12 W</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>12</u> Miles Direction: <u>N</u> of Nearest Town: <u>GR</u>
Telephone No. <u>(228) 832-3434</u>	

Well Data

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

Date well drilling started: 01/08/07 Date well drilling completed: 01/08/07

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

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 01/08/07

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'

Type of grout (circle one): Cement Bentonite Mix

Casing length: 280 feet Casing diameter: 4 1/2 inches Type of casing: PVC

Screen length: 80 feet Screen diameter: 2" inches Type of screen: PVC

Screen slot size: 0006 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: 280 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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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 #:	<u>B-277</u>
Elevation:	_____

County: <u>Harrison</u>
Permit #: <u>0239</u>
Driller: <u>McGill Pump & Well</u>
Date completed: <u>01/08/07</u>

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>Accep Dillenger</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>18294 Millon Edwards Rd</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Sauvies, MS - 39574</u> City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>13</u> Twn <u>5S</u> Rng <u>12W</u>
Telephone No. <u>(228) 832-3434</u>	Distance Direction Nearest Town <u>12</u> Miles <u>N</u> of <u>GPT</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/> Bucket Piston <input type="radio"/> Turbine <input type="radio"/> Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> Other (specify): _____	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/> <u>Electric Motor</u> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> Windmill <input type="radio"/> Other (specify): _____ Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>01/08/07</u>	Setting Depth: _____
Rated Pump Capacity: <u>18</u> Gallons Per Minute	Number of Stages: _____

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> <u>Steel Tape</u> <input checked="" type="radio"/>
Static Water Level (A): <u>80</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>120</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>18</u> GPM with a drawdown of _____
Test Pumping Rate: <u>18</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
 Signature of Pump Installer