

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)

County: HARRISON
Permit #: 0239
Driller: McGill Pump & Well
Date drilling completed: 12-02-06

For Office Use Only:

Aquifer: _____
Well #: D-80
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>DAN BOONE</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>15444 Hwy 15</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Biloxi, MS 39532</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4 1/4 Sec 30 Twn 55 Rng 9W</u>
Telephone No. <u>601-831-3396</u>	Distance Direction Nearest Town
	<u>0.8 Miles NORTH of Delany</u>

Well Data

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

Date well drilling started: 12-01-06 Date well drilling completed: 12-02-06

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 12/02/06

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

Hole depth: 340' Well depth: 340' Well grouted to a depth of 10'

Type of grout (circle one): Cement Bentonite Mix

Casing length: 320 feet Casing diameter: 2" inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 2" inches Type of screen: PVC

Screen slot size: 1.0006 inches Setting depth: From 320 feet to 340 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): _____

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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 Michael McGill Sr.
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

D-80

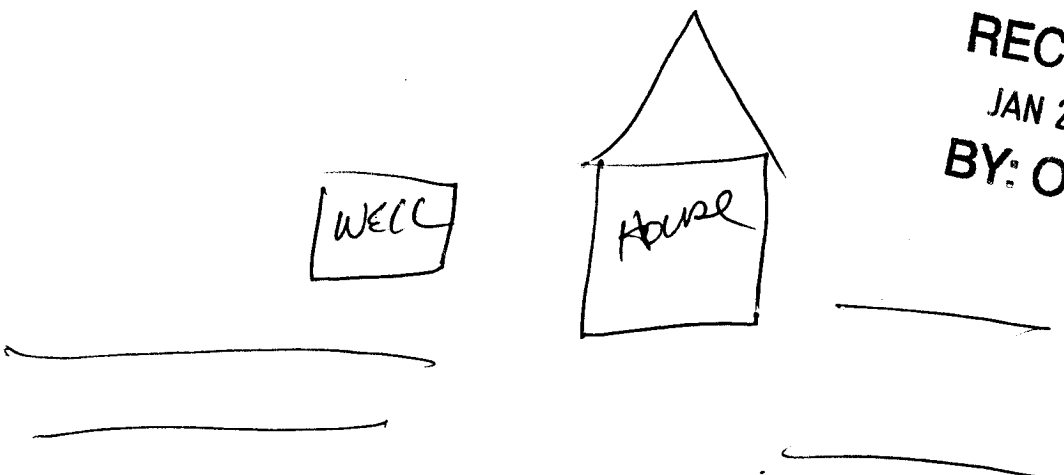
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Sand	0	40
Mud	40	100
Sand	100	120
Mud	120	290
Sand	290	340

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



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Owner Name: DAN BOONE

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 #: D-80
 Elevation: _____

County: Harrison
 Permit #: 02339
 Installer: McGill Pump & Well
 Date completed: 12/02/04

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>DAN ROONE</u>	Latitude: _____ Longitude: _____
Billing Address: <u>15444 Hwy 15</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Biloxi, Ms. 39532</u>	_____ 1/4 _____ 1/4 Sec <u>30</u> Twn <u>55</u> Rng <u>9W</u>
City State Zip Code	Distance Direction Nearest Town
Phone No. <u>228 831-2396</u>	<u>6</u> Miles <u>NORTH</u> of <u>Biloxi</u>

Pump Type Circle one	Power Type Circle one
Lift <input checked="" type="radio"/> Jet <input type="radio"/> Submersible Rocket <input type="radio"/> Piston <input type="radio"/> Turbine Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well Other (specify): _____	<input type="radio"/> Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input checked="" type="radio"/> Electric Motor <input 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> Setting Depth: <u>80</u> feet Number of Stages: <u>2</u>
Date Pump Installed: <u>12-02-06</u> Rated Pump Capacity: <u>10</u> Gallons Per Minute	RECEIVED JAN 22 2007 BY: OLWR

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12/2/06</u> Static Water Level (A): <u>60</u> Feet Below Land Surface Pumping Water Level (B): <u>80</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface Pumping Rate: <u>10</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	<input type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input checked="" type="radio"/> Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>10</u> GPM with a drawdown of <u>10</u> feet after <u>4</u> hours of pumping

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

McGill Pump & Well 02339

Michael P. McGill