

State Well Report

Part 1 - Driller's Log

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: Mill Pump & Well
Date drilling completed: 06/06/08

For Office Use Only:
Aquifer:
Well #: E-181
L. S. Elevation:
E-log #:

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner (Landowner if borehole is not for a water well)
Owner Name: Sara Coffman
Mailing Address: 15239 Northrup-Cuaves Rd.
City: Gpt. MS. 39503
Telephone No.: 228, 539-6077
Well or Borehole Location
Latitude: Longitude:
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
Distance: 9 Miles Direction: W of Nearest Town: GPT.

Well / Borehole Data
Date drilling started: 04/05/08 Date drilling completed: 06/06/08 Hole depth: 400' Hole diameter:
Location of the source of any surface water used for drilling: Well @ Office Property
Method of dosing and volume of Chlorine used in drilling and development:
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:
Name of organization running log(s):
Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump
Seismic Survey Other (describe)

If drilling is not related to water well construction, skip the remainder of this block
Purpose of Well (check one): Home Industrial Public Supply Irrigation Fish Culture Other:
If a flowing well, method of flow regulation: Valve Other (describe)
Static Water Level: 100 feet above or below (circle one) land surface Date measured: 06/06/08
Method of Measurement (circle one) steel tape electric tape air line other:
Well depth: 400 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 380 feet Casing diameter: 2 inches Type of casing: PVC
Screen length: 20 feet Screen diameter: 2 inches Type of screen: PVC
Screen slot size: 0006 inches Setting depth: From 380 feet to 400 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 next page

Form: OLWR-SWR-1A

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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)

County: Harrison
 Permit #: 0239
 Driller: McGill Pump & Well
 Date completed: 06/06/08
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: E-181
 Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Sara Coffman</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>15239 Northrop-Lucas Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Cpt. Ms. 39505</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4 Sec <u>12 T 6 S R 13 W</u>
Telephone No. <u>228, 539-6077</u>	Distance _____ Direction _____ Nearest Town _____
	<u>9</u> Miles <u>W</u> of <u>Cpt.</u>

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

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

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

Michael McGill 0239 Michael McGill
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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