

# 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 #: F-457 047

L. S. Elevation: \_\_\_\_\_

E-log #: \_\_\_\_\_

County: Harrison 049  
Permit #: 0339  
Driller: McGill Pump & Well  
Date drilling completed: 12-15-04

McGill Pump and Well

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

Owner Name: Sam Murray  
Mailing Address: 8453 County Farm Rd.  
Long Pt. Mo. 39560  
City State Zip Code  
Telephone No. 228 831-1187

### 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. 33 Twn 65 Rng 12 W  
Distance Direction Nearest Town  
0 Miles W of EPT.

### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_  
Date well drilling started: 12-15-04 Date well drilling completed: 12-15-04  
If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 70' feet above or below (circle one) land surface Date measured: 12-15-04  
Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
Hole depth: 240 Well depth: 240 Well grouted to a depth of 10 feet  
Type of grout (circle one): Cement Bentonite Mix  
Casing length: 220 feet Casing diameter: 2" inches Type of casing: PVC  
Screen length: 20' feet Screen diameter: 2" inches Type of screen: PVC  
Screen slot size: .0226 inches Setting depth: From 220 feet to 240 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 0339  
Print Name of Water Well Contractor and License No.

Michael McGill  
Signature of Water Well Contractor

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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: \_\_\_\_\_  
 Permit #: 0239  
 Driller: McGill Pump & Well  
 Date completed: \_\_\_\_\_

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: F-457  
 Elevation: \_\_\_\_\_

047

**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: _____	Latitude: _____ Longitude: _____
Mailing Address: _____ _____ _____	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
_____ City State Zip Code	_____ ¼ _____ ¼ Sec _____ Twn _____ Rng _____
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____

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

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

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

McGill Pump & Well 0239 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer