

# 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-462**  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: **Harrison 047**  
Permit #: **0239**  
Driller: **McGill Pump & Well**  
Date drilling completed: **04/08/05**

**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	Well Location
Owner Name: <u>Terry Lovens</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>19016 Robinson Rd.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>EMCO HILLS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>GPT. MS. 39503</u>	_____ 1/4 _____ 1/4 Sec <u>36</u> Twn <u>6S</u> Rng <u>12W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(328) 832-5915</u>	<u>10</u> Miles <u>NW</u> of <u>GPT.</u>

### Well Data

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

Date well drilling started: 04/04/05 Date well drilling completed: 04/08/05

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

Static Water Level: 120 feet above or below (circle one) land surface Date measured: 04/08/05

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

Hole depth: 600 Well depth: 600 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 580 feet Casing diameter: 4x2 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 580 feet to 600 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: 240 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 M. Sullivan

Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

Ground Level

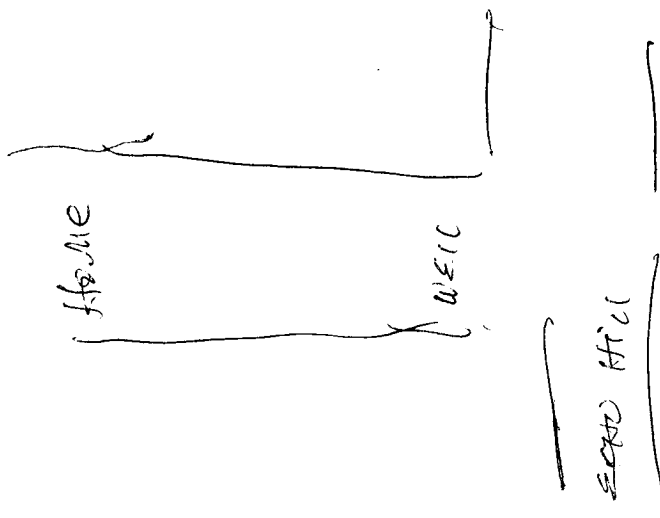
240 = 4"  
360 = 2"

F-~~462~~ 462

Description of Formations Encountered	From	To
MUD (RED)	0	80
MUD (BLUE)	80	160
SAND (BLUE)	160	200
MUD (BLUE)	200	340
SAND / MUD / BLUE	340	420
MUD (Blue)	420	480
SAND / BLUE	480	610

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.



Landowner Name: Terry Savers

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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 #: F-462  
 Elevation: \_\_\_\_\_

County: Harrison  
 Permit #: 0239  
 Driller: McGill Pump & Well  
 Date completed: 04/08/05

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>Terry Fevers</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>19016 ROBINSON Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>GPT MS 39023</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>36</u> Twn <u>65</u> Rng <u>12 W</u>
Telephone No. <u>(335) 832-5915</u>	Distance Direction Nearest Town <u>16</u> Miles <u>N.W</u> of <u>GPT.</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2</u>
Date Pump Installed: <u>04/09/05</u>	Setting Depth: <u>160</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>04/08/05</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u>
Static Water Level (A): <u>120</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>160</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>15</u> Feet Below Land Surface	Well yielded <u>20</u> GPM with a drawdown of
Test Pumping Rate: <u>20</u> Gallons Per Minute	<u>15</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

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