

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)

For Office Use Only:

Aquifer: _____
Well #: F-474
L. S. Elevation: _____
E-log #: _____

County: Harrison
Permit #: 0239
Driller: McGill Pump & Well
Date drilling completed: 07/28/06

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>Louis Puchner</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>21552 W. Wortham Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Sauver, Ms. 39574</u>	<u>1/4 Sec 21 Twn 65 Rng 12W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(228) 209-5623</u>	<u>10 Miles N of GPT</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 07/27/06 Date well drilling completed: 07/28/06
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 80 feet above or below (circle one) land surface Date measured: 07/28/06
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 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 280 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 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: _____ 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

Signature of Water Well Contractor

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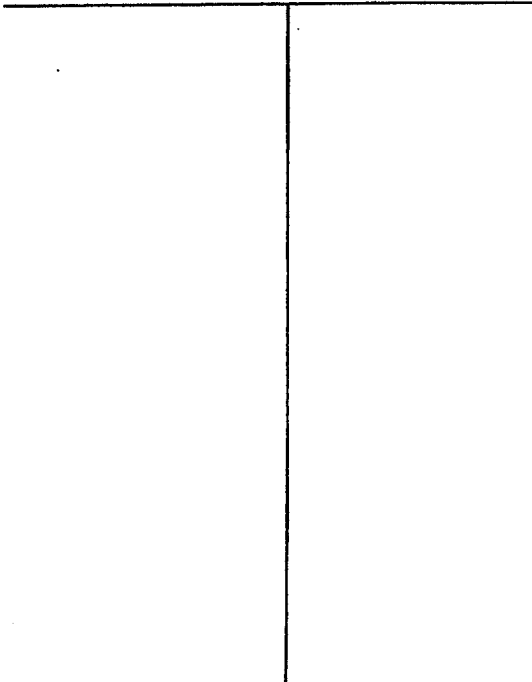
AUG 30 2006

OLWR

F-474

If well telescopes please sketch below and show depths.

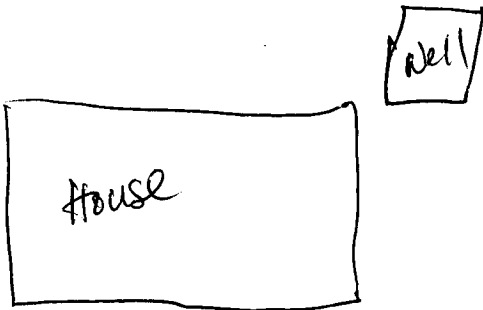
Ground Level



Description of Formations Encountered	From	To
MUD (Brown)	20	20
SAND (Red)	20	60
MUD (Blue)	60	80
SAND (White)	80	100
MUD (Blue)	100	150
SAND (Blue)	150	200
MUD (Blue)	200	260
SAND (Blue)	260	300

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.



Owner Name: Lewis Puchner

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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-474

Elevation: _____

Company: Harrison
 Permit #: 02339
 Installer: McGill Pump & Well
 Date completed: 07/28/06

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

Owner Name: Lewis Rector
 Mailing Address: 21552 W. WORTHAM RD
Seneca MS. 39574
City State Zip Code
 Telephone No. (228) 209-5623

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 21 Twn 6S Rng 12W
 Distance Direction Nearest Town
10 Miles N of BPT.

Pump Type
Circle one

Lift Jet Submersible
 Piston Turbine
 Rotary Flowing Well

Power Type
Circle one

Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____

Date Pump Installed: 07/28/06
 Rated Pump Capacity: 6 Gallons Per Minute

Horse Power Rating of Motor: 2
 Setting Depth: 130 feet
 Number of Stages: 3

Pump Test Data

Date Well Tested: 07/28/06
 Static Water Level (A): 80 Feet Below Land Surface
 Pumping Water Level (B): 120 Feet Below Land Surface
 Drawdown [(B) - (A)]: 20 Feet Below Land Surface
 Pumping Rate: 6 Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level
Circle one

Air Line Electric Measuring Line Steel Tape
 Other (specify): _____
 For flowing well, measured shut in head: _____ feet
 Well yielded 6 GPM with a drawdown of
20 feet after 4 hours of pumping

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

McGill Pump & Well 02339

BY: McGill Pump & Well