

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)

Driller's Name: _____
County: _____
Well #: **F-491**
U.S. Elevation: _____
E-log #: _____

(County) **Harrison**
(Permit) **0239**
(Drilled) **McGill Pump & Well**
(Completed) **11/17/07**

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
Name: ANGELA SUMERALL	Latitude: _____ Longitude: _____
Address: 18210 ATRY DR.	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional <input type="checkbox"/> GPS
City: GPT. State: MS. Zip Code: 39503	USGS quad: _____ Hand-held GPS: _____ Survey-grade GPS: _____
Telephone No: 228 297-1180	Distance: 6 Miles Direction: N of Nearest Town: GPT.

Well Data

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

Date well drilling started: **11/14/07** Date well drilling completed: **11/17/07**

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

Static Water Level: **100** feet above or below (circle one) land surface Date measured: **11/17/07**

Method of Measurement (circle one): Steel tape Electric tape Air line Other

Flow depth: **640'** Well depth: **640'** Well grouted to a depth of **10** feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: **620** 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 **620** feet to **640** 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: **200** 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 **Michael McGill Sr.**
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

Ground Level

4" = 0-200
2" = 200-640

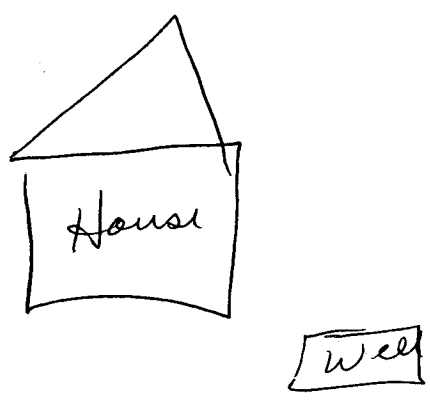
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
Mud (Blue)	0	160
Sand (Blue)	160	180
Mud (Blue)	180	420
Sand (Blue)	420	440
Mud (Blue)	440	580
Sand (Blue)	580	640

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: ANGELA Sumerall

Michael McCall & Co.
Signature of Water Well Contractor

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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) 554-6938 (Fax)

For Office Use Only:

Aquifer: _____
Well #: F-491
Elevation: _____

*(Contract) Harrisia
(Pump) 0239
(Driller) McGill Pump Well
(Complete) 11/17/07*

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>ANGELA Sumrell</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>15210 Autry Dr.</u>	Method of Lat/Long (circle one): <input checked="" type="checkbox"/> Conventional Survey,
<u>GPT. MS. 39503</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>35</u> Twn <u>6S</u> Rng <u>12W</u>
Telephone No: <u>788 297-1188</u>	Distance Direction Nearest Town
	<u>6</u> Miles <u>N</u> of <u>GPT.</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____	<input type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill Other (specify): _____
Date Pump Installed: <u>11/17/07</u>	Horse Power Rating of Motor: <u>1 1/2</u>
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Setting Depth: <u>140</u> feet
	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11/17/07</u>	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input checked="" type="checkbox"/> Steel Tape Other (specify): _____
Static Water Level (A): <u>100</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Pumping Water Level (B): <u>140</u> Feet Below Land Surface	Well yielded <u>20</u> GPM with a drawdown of
Drawdown (B-A): <u>30</u> Feet Below Land Surface	<u>20</u> feet after <u>4</u> hours of pumping
Test Pumping Rate: <u>20</u> Gallons Per Minute	
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.

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