

**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: McCall Pump & Well
Date drilling completed: 06/03/08

For Office Use Only:
Aquifer: _____
Well #: F-499
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)	Well or Borehole Location
Owner Name: <u>ANGELA SUMERALL</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>18210 Autry Dr.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>GPT. MS. 39503</u>	<u>1/4</u> <u>1/4</u> Sec <u>25</u> Twn <u>6S</u> Rng <u>13W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>228, 297-1180</u>	<u>0</u> Miles <u>N</u> of <u>GPT.</u>

Well / Borehole Data

Date drilling started 06/02/08 Date drilling completed 06/03/08 Hole depth: 640 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: 06/03/08

Method of Measurement (circle one) steel-tape electric tape air line other: _____

Well depth: 640 Well grouted to a depth of 10 feet Type of grout (circle one): Neat 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: 300 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)

For Office Use Only:

Aquifer: _____
 Well #: F-498
 Elevation: _____

County: Harrison
 Permit #: 0239
 Driller: McEil Pump & Well
 Date completed: 06/03/08
Copy information from block on Part 1

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>Angela Sumrell</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>18210 Avery Dr.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Exp. MS. 39503</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4 Sec <u>25</u> T <u>6S</u> R <u>13W</u>
Telephone No. <u>(208) 297-1180</u>	Distance _____ Direction _____ Nearest Town _____
	<u>6</u> Miles <u>N</u> of <u>Grat.</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> let <input checked="" 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"/>	<input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
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>06/03/08</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>30</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>06/03/08</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <input checked="" type="checkbox"/> <u>Steel Tape</u>
Static Water Level (A): <u>1.00</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>1.40</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>30</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>30</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.

Michael McEil Sr. 0239
 Print Name of Pump Installer and License No. (if applicable)

Michael McEil Sr.
 Signature of Pump Installer

Form: OLWR-SWR-1B

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