

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)

County: Harrison
Permit #: 0239
Driller: McGill Pump & Well
Date drilling completed: 12-01-05

For Office Use Only:

Aquifer: _____
Well #: G-515
L. S. Elevation: _____
E-log #: _____

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>Margaret Fitzgerald</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Walker Rd.</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>GPT. MS 39508</u>	<u>1/4 1/4 Sec 36 Twn 65 Rng 11W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () <u>NO phone</u>	<u>5</u> Miles <u>W</u> of <u>GPT</u>

Well Data

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

Date well drilling started: 12-01-05 Date well drilling completed: 12-01-05

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

Static Water Level: 40 feet above or below (circle one) land surface Date measured: 12-01-05

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

Hole depth: 260 Well depth: 260 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 240 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: 1.0006 inches Setting depth: From 240 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 0239
Print Name of Water Well Contractor and License No.

Michael White
Signature of Water Well Contractor

RECEIVED

JAN 24 2006

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)

For Office Use Only:

Aquifer: _____

Well #: G-515

Elevation: _____

County: Harrison
 Permit #: 0239
 Installer: McGill Pump & Well
 Date completed: 12-01-05

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>Margaret Fitzgerald</u>	Latitude: _____ Longitude: _____
Billing Address: <u>Walker Rd.</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>GPT MS 39503</u>	<input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec. <u>36</u> Twn <u>6S</u> Rng <u>1W</u>
Telephone No. () <u>No / phone</u>	Distance Direction Nearest Town
	<u>5</u> Miles <u>W</u> of <u>GPT.</u>

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

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

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

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 JAN 24 2006
 BY: OLWR