

# 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 #: G-514  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: HARRISON  
Permit #: 0239  
Driller: McGill Pump & Well  
Date drilling completed: 12-08-05

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>Wesley Beaver</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>17061 Hwy 53</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>19</u> Twn <u>6S</u> Rng <u>11W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) <u>No/phone</u>	<u>5</u> Miles <u>N</u> of <u>Orange Grove</u>

Well Data	
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____	
Date well drilling started: <u>12/06/05</u>	Date well drilling completed: <u>12/08/05</u>
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>106</u> feet above or below (circle one) land surface	Date measured: <u>12/08/05</u>
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Hole depth: <u>440</u> Well depth: <u>440</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix	
Casing length: <u>420</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>20</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>2006</u> inches Setting depth: From <u>420</u> feet to <u>440</u> feet	
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u>	
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 Miller  
Signature of Water Well Contractor

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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-516  
 Elevation: \_\_\_\_\_

County: Harrison  
 Permit #: 0239  
 Installer: McCall Pump & Well  
 Date completed: 12-08-05

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**

Owner Name: Wistey Beader  
 Mailing Address: 17061 Hwy 53  
GPT. MS. 39503  
 City State Zip Code

**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 19 Twn 6S Rng 11W  
 Distance Direction Nearest Town  
5 Miles N of Orange Grove

Phone No. ( ) NO/ phone

**Pump Type**  
Circle one

~~Lift Jet Submersible  
 Piston Turbine  
 Rotary Flowing Well~~  
 Other (specify): \_\_\_\_\_  
 Date Pump Installed: \_\_\_\_\_  
 Rated Pump Capacity: \_\_\_\_\_ Gallons Per Minute

**Power Type**  
Circle one

~~Diesel Engine Gasoline Engine Natural Gas  
 Electric Motor Hand Tractor PTO  
 Windmill Other (specify): \_\_\_\_\_  
 Horse Power Rating of Motor: \_\_\_\_\_  
 Setting Depth: \_\_\_\_\_ feet  
 Number of Stages: \_\_\_\_\_~~

**Pump Test Data**

~~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~~

**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 \_\_\_\_\_ 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**