

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: Harris
Permit #: 0239
Driller: McGill Pump & Well
Date drilling completed: 04/09/06

For Office Use Only:
Aquifer: _____
Well #: G-518
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>William N. Rivenbark</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>15349 Swan Lk. Blvd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>GPT.</u> <u>MS.</u> <u>39503</u>	<u>1/4</u> <u>1/4</u> Sec <u>33</u> Twn <u>6S</u> Rng <u>11W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(228) 539-4923</u>	<u>4</u> Miles <u>N</u> of <u>GPT.</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 04/06/06 Date well drilling completed: 04/09/06
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 80 feet above or below (circle one) land surface Date measured: 04/09/06
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 580 Well depth: 580 Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 560 feet Casing diameter: 4x2 inches Type of casing: PVC
Screen length: 32 feet Screen diameter: 2 inches Type of screen: PVC
Screen slot size: .006 inches Setting depth: From 560 feet to 580 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 back of page
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): _____

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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 Sr.

Signature of Water Well Contractor

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-018

Elevation: _____

County: Harrison
 Permit #: 0239
 Installer: McGill Pump & Well
 Date completed: 04/09/06

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: William M. Riversbank
 Mailing Address: 15349 Swan Lk Blvd.
GPT MS 39503
 City State Zip Code
 Telephone No. (228) 539-4973

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 23 Twn 6S Rng 11W
 Distance Direction Nearest Town
4 Miles N of GPT.

Pump Type
Circle one

Lift Jet Submersible
 Rocket Piston Turbine
 Centrifugal Rotary Flowing Well

Other (specify): _____
 Date Pump Installed: 04/09/06
 Rated Pump Capacity: 18 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: 1 1/2
 Setting Depth: 120 feet
 Number of Stages: 8

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Pump Test Data

Date Well Tested: 04/09/04
 Static Water Level (A): 80 Feet Below Land Surface
 Pumping Water Level (B): 120 Feet Below Land Surface
 Drawdown [(B) - (A)]: 15 Feet Below Land Surface
 Pumping Rate: 8 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 18 GPM with a drawdown of
15 feet after 4 hours of pumping

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

McGill Pump & Well 0239

Michael McGill