

# 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-525  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Harrison  
Permit #: 0239  
Driller: McGill Pump & Well  
Date drilling completed: 01/12/07

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
Owner Name: <u>Daryl E. Bluesen</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>16731 Ty Ridge Rd.</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Grt.</u> <u>MS.</u> <u>39503</u>	<u>1/4</u> <u>1/4</u> Sec <u>90</u> Twn <u>65</u> Rng <u>11W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. <u>288, 860-8306</u>	<u>5</u> Miles <u>North</u> of <u>Grt</u>

### Well Data

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

Date well drilling started: 01/10/07 Date well drilling completed: 01/12/07

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

Static Water Level: 40 feet above or below (circle one) land surface Date measured: 01/12/07

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

Hole depth: 250' Well depth: 250' Well grouted to a depth of 10 feet

Type of grout (circle one):  Cement  Bentonite  Mix

Casing length: 230 feet Casing diameter: 4 1/2 inches Type of casing: PVC BY OLWR

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

Screen slot size: .0006 inches Setting depth: From 230 feet to 250 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: 180 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

G-525

If well telescopes please sketch below and show depths.

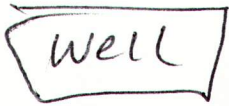
Ground Level

180 = 4"  
70 = 2"

Description of Formations Encountered	From	To
Mud	0	200
Sand	200	240

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.



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owner Name: Daryl Gluesen

# 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-525

Elevation: \_\_\_\_\_

County: Harrison  
 Well #: 0239  
 Name: McEill Pump Well  
 Date completed: 01/12/07

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>Daryl Gluesen</u>	Latitude: _____ Longitude: _____
Physical Address: <u>16731 Ty Ridge</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Ept. Ms. 39503</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>90</u> Twn <u>6S</u> Rng <u>11W</u>
Phone No: <u>778 860-8302</u>	Distance Direction Nearest Town
	<u>5</u> Miles <u>NORTH</u> of <u>Ept.</u>

Pump Type Circle one	Power Type Circle one
Jet <input type="radio"/> <b>Submersible</b> <input checked="" type="radio"/> Piston <input type="radio"/> Turbine <input type="radio"/> Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/> <b>Electric Motor</b> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> Windmill <input type="radio"/> Other (specify): _____
Date Pump Installed: <u>01/12/07</u> Rated Pump Capacity: <u>18</u> Gallons Per Minute	Horse Power Rating of Motor: <u>1</u> Setting Depth: <u>80</u> feet Number of Stages: <u>8</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): <u>40</u> Feet Below Land Surface Pumping Water Level (B): <u>80</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface Pumping Rate: <u>18</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> <b>Steel Tape</b> <input checked="" type="radio"/> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>18</u> GPM with a drawdown of <u>10</u> feet after <u>4</u> hours of pumping

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

McEill Pump & Well 0239

Michael P. McEill