

State Well Report

Part I

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-527
L. S. Elevation: _____
E-log #: _____

County: Harrison
Permit #: 0239
Driller: M'Gill Pump & Well
Date drilling completed: 07/13/07

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>Kenny Davis</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>15456 Norfolk Pr.</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>EPT. MS. 39503</u> | <u>1/4 1/4 Sec 21 Twn 6S Rng 11W</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. <u>228, 861-0525</u> | <u>3 Miles S of SPALDING</u> |

Well Data

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

Date well drilling started: 07/12/07 Date well drilling completed: 07/13/07

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

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 07/13/07

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

Hole depth: 400' Well depth: 400' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 380 feet Casing diameter: 2 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 380 feet to 400 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.

M'Gill Pump & Well 0239
Print Name of Water Well Contractor and License No.

Michael McGill Sr.
Signature of Water Well Contractor

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G-527

If well telescopes please sketch below and show depths.

Ground Level

| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| SAND (Orange) | 20 | 60 |
| MUD (Blue) | 60 | 280 |
| SAND (Blue) | 280 | 300 |
| MUD (Blue) | 300 | 360 |
| SAND (Blue) | 360 | 700 |
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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.

The sketch shows a rectangular property boundary. At the top center, there is a rectangle labeled 'House' and a smaller square to its right labeled 'well'. Below the house, there is a horizontal line labeled 'VICK RD.'. To the left of the road, there is a vertical line with the text 'Hwy 119' written vertically. To the right of the road, there is a vertical line with the text 'Forest' written vertically.

Owner Name: Kenny Davis

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Michael McGill & 0239

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-527

Elevation: _____

County: Harrison
 Well #: 0239
 Well Name: McGill Pump Well
 Date completed: 07/13/07

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>Kenny Davis</u> | Latitude: _____ Longitude: _____ | | | | | | |
| Well Address: <u>15456 Norfolk Dr.</u> | Method of Lat/Long (circle one): Conventional Survey, | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><u>GPT.</u></td> <td style="border: none;"><u>MS.</u></td> <td style="border: none;"><u>39503</u></td> </tr> <tr> <td style="border: none;">City</td> <td style="border: none;">State</td> <td style="border: none;">Zip Code</td> </tr> </table> | <u>GPT.</u> | <u>MS.</u> | <u>39503</u> | City | State | Zip Code | USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>91</u> Twn <u>15</u> Rng <u>11 W</u> |
| <u>GPT.</u> | <u>MS.</u> | <u>39503</u> | | | | | |
| City | State | Zip Code | | | | | |
| Phone No. <u>(228) 861-0525</u> | Distance _____ Direction _____ Nearest Town _____ <u>3</u> Miles <u>S</u> of <u>Sauces</u> | | | | | | |

| Pump Type Circle one | Power Type Circle one |
|---|--|
| Lift <input checked="" type="radio"/> Jet <input type="radio"/> Submersible | <input type="radio"/> Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas |
| Centrifugal <input type="radio"/> Piston <input type="radio"/> Turbine | <input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO |
| Vertical <input type="radio"/> Rotary <input type="radio"/> Flowing Well | Windmill <input type="radio"/> Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>1</u> |
| Date Pump Installed: <u>07/13/07</u> | Setting Depth: <u>100</u> feet |
| Rated Pump Capacity: <u>12</u> Gallons Per Minute | Number of Stages: <u>2</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|--|
| Date Well Tested: <u>07/13/07</u> | <input type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input checked="" type="radio"/> Steel Tape |
| Static Water Level (A): <u>80</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>100</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface | Well yielded <u>12</u> GPM with a drawdown of |
| Pumping Rate: <u>12</u> Gallons Per Minute | <u>10</u> feet after <u>4</u> hours of pumping |
| Duration of Pump Test (minimum 4 hours): <u>4</u> hours | |

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

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McGill Pump & Well 0239

Michael P. McCall