

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-528
 L. S. Elevation: _____
 E-log #: _____

County: Harrison
 Permit #: 0239
 Driller: McGill Pump & Well
 Date drilling completed: 07/30/07

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>Andy McKrew</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>14397 Beulah Church Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>GPT. MS. 39503</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>1/4</u> <u>1/4</u> Sec <u>26</u> Twn <u>6S</u> Rng <u>11W</u>
Telephone No.: <u>N/A</u>	Distance _____ Direction _____ Nearest Town _____
	<u>6</u> Miles <u>N</u> of <u>Ogden</u>

Well Data

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

Date well drilling started: 07/30/07 Date well drilling completed: 07/30/07

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

Static Water Level: 50 feet above or below (circle one) land surface Date measured: 07/30/07

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

Hole depth: 460' Well depth: 460' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 440 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 440 feet to 460 feet

Type of completion (circle all applicable): Gravel packer Underreamed Telescoped Open hole Natural Development

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 McGill
 Signature of Water Well Contractor

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SEP 04 2007

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 #: <u>G-528</u>	
Elevation:	

County: <u>Harrison</u>
Permit #: <u>0239</u>
Driller: <u>McGill Pump & Well</u>
Date completed: <u>07/30/07</u>

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: <u>Andy McGrew</u>		
Mailing Address: <u>14397 Bowlah Church Rd</u>		
<u>GPT. MS 39503</u>	City	State Zip Code
Telephone No. (<u>N/A</u>)		

Well Location		
Latitude: _____	Longitude: _____	
Method of Lat/Long (circle one): <input checked="" type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS		
_____ 1/4 _____ 1/4 Sec <u>26</u>	Twn <u>4S</u>	Rng <u>11W</u>
Distance _____	Direction _____	Nearest Town _____
<u>6</u> Miles _____	of <u>Juno</u>	

Pump Type Circle one		
Air Lift	<input checked="" type="radio"/> Jet	<input type="radio"/> Submersible
Bucket	<input type="radio"/> Piston	<input type="radio"/> Turbine
Centrifugal	<input type="radio"/> Rotary	<input type="radio"/> Flowing Well
Other (specify): _____		
Date Pump Installed: <u>07/30/07</u>		
Rated Pump Capacity: <u>12</u>	Gallons Per Minute	

Power Type Circle one		
<input checked="" type="radio"/> Diesel Engine	<input type="radio"/> Gasoline Engine	<input type="radio"/> Natural Gas
<input checked="" type="radio"/> Electric Motor	<input type="radio"/> Hand	<input type="radio"/> Tractor PTO
<input type="radio"/> Windmill	Other (specify): _____	
Horse Power Rating of Motor: <u>1</u>		
Setting Depth: <u>80</u>	feet	
Number of Stages: <u>2</u>		

Pump Test Data	
Date Well Tested: <u>07/30/07</u>	
Static Water Level (A): <u>50</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
Test Pumping Rate: <u>12</u>	Gallons Per Minute
Duration of Pump Test (minimum 4 hours): <u>4</u>	hours

Method of Measuring Water Level Circle one	
<input type="radio"/> Air Line	<input type="radio"/> Electric Measuring Line
<input checked="" type="radio"/> Steel Tape	
Other (specify): _____	
For flowing well, measured shut in head: _____ feet	
Well yielded <u>12</u>	GPM with a drawdown of
<u>10</u>	feet after <u>4</u> hours of pumping

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

McGill Pump & Well 0239

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