

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 #: D 322
L. S. Elevation: _____
E-log #: _____

County: Harrison 047
Permit #: 0239
Driller: McGill Pump & Well
Date drilling completed: 08/25/04

McGill Pump and Well

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>Donald M. Wolfe</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>RD 511 Firetower Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Coprt</u> City <u>Ms</u> State <u>39503</u> Zip Code	_____ 1/4 _____ 1/4 Sec <u>9</u> Twn <u>75</u> Rng <u>13W</u>
Telephone No. (____) _____	Distance <u>13</u> Miles Direction <u>N</u> of Nearest Town <u>BSL</u>
Well Data	
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____	
Date well drilling started: <u>08/25/04</u> Date well drilling completed: <u>08/25/04</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>80</u> feet above or below (circle one) land surface Date measured: <u>08/25/04</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Hole depth: <u>280</u> Well depth: <u>280</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix	
Casing length: <u>260</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>.0006</u> inches Setting depth: From <u>260</u> feet to <u>280</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: <u>2</u> feet. If telescoped or more than one screen, describe on back of page	
Logs run (circle all applicable): <u>No log run</u> 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.	
<u>McGill Pump & Well 0239</u>	<u>Michael McSue</u>
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

RECEIVED
SEP 20 2004
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 #: 5-322
 Elevation: _____

County: _____
 Permit #: 0239
 Driller: McGill Pump & Well
 Date completed: 08/25/04

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>Donald M. Wolfe</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>RD 511 Firetower Rd.</u>	Method of Lat/Long (circle one): Conventional Survey,
_____	USGS quad, Hand-held GPS, Survey-grade GPS
<u>GPT. Ms. 39503</u>	_____ 1/4 _____ 1/4 Sec <u>9</u> Twn <u>7S</u> Rng <u>13W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. (____) _____	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: _____	Setting Depth: _____ feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: _____

RECEIVED
 SEP 20 2004
 BY: OLWR

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>08/25/04</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded <u>25</u> GPM with a drawdown of
Test Pumping Rate: _____ Gallons Per Minute	<u>20</u> feet after <u>1</u> hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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

McGill Pump & Well 0239 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer