

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 #: J-334
L. S. Elevation: _____
E-log #: _____

County: HARRIS
Permit #: 0239
Driller: McGill Pump & Well
Date drilling completed: 12/05/05

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>Rodney Willet</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>9444 BENESHEE WAY Trail</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>P.C.</u> <u>MS</u> <u>- 39571</u>	<u>1/4</u> <u>1/4</u> Sec <u>19</u> Twn <u>7S</u> Rng <u>13W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. () <u>No / phone</u>	<u>5</u> Miles <u>E</u> of <u>RICIN</u>

Well Data

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

Date well drilling started: 12/05/05 Date well drilling completed: 12/05/05

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

Static Water Level: 20 feet above or below (circle one) land surface Date measured: 12/05/05

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

Hole depth: 240 Well depth: 240 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 220 feet Casing diameter: 8 inches Type of casing: PVC

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

Screen slot size: 0.075 inches Setting depth: From 220 feet to 240 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.

McGill Pump & Well 0239

Print Name of Water Well Contractor and License No.

Michael McLeo Sr.

Signature of Water Well Contractor

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BY: OLWR

J-334

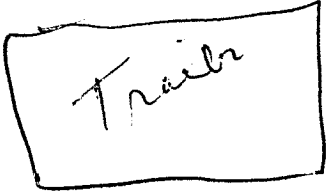
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
SAND / white	0	40
MUD / Blue	40	200
SAND / Blue	200	340

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.



Owner Name: Rodney Miller

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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 #: J-334

Elevation: _____

County: _____
 Permit #: 0239
 Installer: McCall Pump & Well
 Date completed: 12/05/05

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: Rodney Willer
 Billing Address: 9444 Beneshewah Trail
P.C. MS 39571
 City State Zip Code

Telephone No. () no phone

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 19 Twn 7S Rng 13W

Distance Direction Nearest Town
5 Miles E of 121W

Pump Type Circle one

Lift Jet Submersible
 Rocket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____

Date Pump Installed: 12/05/05
 Rated Pump Capacity: 12 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 H.P.
 Setting Depth: 40 feet
 Number of Stages: 2

Pump Test Data

Date Well Tested: 12/05/05
 Static Water Level (A): 20 Feet Below Land Surface
 Pumping Water Level (B): 40 Feet Below Land Surface
 Drawdown [(B) - (A)]: 10 Feet Below Land Surface
 Test Pumping Rate: 12 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 12 GPM with a drawdown of
10 feet after 4 hours of pumping

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

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JAN 24 2006

BY: OLWR