

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-335
L. S. Elevation: _____
E-log #: _____

County: HARRISON
Permit #: 0239
Driller: McGill Pump & Well
Date drilling completed: 12/21/05

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>Margaret Keli F</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Eddy Rd.</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>P.C. Ms. 39571</u>	<input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City State Zip Code	<u>1/4 1/4 Sec 33 Twn 7.5 Rng 13 W</u>
Telephone No. () <u>No / phse</u>	Distance Direction Nearest Town
	<u>14 Miles N of GPT</u>

Well Data

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

Date well drilling started: 12/19/05 Date well drilling completed: 12/21/05

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

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 12/21/05

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

Hole depth: 520 Well depth: 520 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 500 feet Casing diameter: 4x2 inches Type of casing: PVC

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

Screen slot size: 0.006 inches Setting depth: From 500 feet to 520 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 McGill
Signature of Water Well Contractor

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JAN 24 2006
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 #: J-335

Elevation: _____

County: Harris
 Permit #: 0239
 Installer: McMill Pump & Well
 Date completed: 12/21/05

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: Marbarat Kotif
 Billing Address: Eddy Rd
P.C. Ms. 39571
City State Zip Code

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 33 Twn 7S Rng 13W
 Distance _____ Direction _____ Nearest Town _____
 _____ Miles _____ of _____

Telephone No. (____) _____

Pump Type
Circle one

Lift Jet Submersible
 Rocket Piston Turbine
 Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 12/21/05

Rated Pump Capacity: 18 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: 120 feet

Number of Stages: 8

Pump Test Data

Date Well Tested: 12/21/05
 Static Water Level (A): 80 Feet Below Land Surface
 Pumping Water Level (B): 120 Feet Below Land Surface
 Drawdown [(B) - (A)]: 15 Feet Below Land Surface
 Pumping Rate: 18 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 18 GPM with a drawdown of

15 feet after 4 hours of pumping

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

McMill Pump & Well 0239

RECEIVED

JAN 24 2006

BY: OLWR