

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 #: J-341
 L. S. Elevation: _____
 E-log #: _____

County: HARRISON
 Permit #: 0239
 Driller: McGill Pump & Well
 Date drilling completed: 12/29/06

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>CRAIG BROWN</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>SARLEWOOD SUB DIVISION</u> <u>MENGLE AVE.</u> <u>P.C. MS.</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>1/4</u> Sec <u>36</u> Twn <u>7S</u> Rng <u>13W</u>
Telephone No. <u>278 669-7072</u>	Distance: <u>2</u> Miles Direction: <u>NORTH</u> of Nearest Town: <u>P.C.</u>

Well Data

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

Date well drilling started: 12/27/06 Date well drilling completed: 12/29/06

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

Static Water Level: 30 feet above or below (circle one) land surface Date measured: 12/29/06

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

Hole depth: 340' Well depth: 340' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 320 feet Casing diameter: 2" x 4" 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 320 feet to 340 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: 200 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): _____

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 BY: OLWR

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 Michael McGill Sr.
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

J-341

If well telescopes please sketch below and show depths.

Ground Level

200' - 4"
140' - 2"

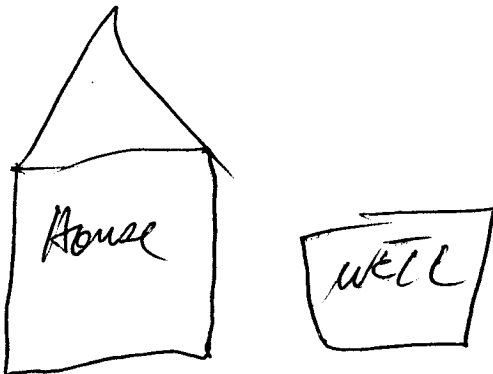
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
Sand	0	100
Mud	100	300
Sand	300	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.



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owner Name: CRAIG BROWN

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-341
 Elevation: _____

County: HARRISON
 Permit #: 02339
 Installer: McGill Pump & Well
 Date completed: 12/29/06

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>Craig Brown</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Sablewood Sub. Division</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Munge Ave.</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>P.C. Ms.</u>	_____ 1/4 _____ 1/4 Sec. <u>36</u> Twn <u>25</u> Rng <u>13W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Phone No. <u>728, 669-9072</u>	<u>2</u> Miles <u>N</u> of <u>PC</u>

Pump Type Circle one	Power Type Circle one
Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Vertical <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> <u>Electric Motor</u>	Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2</u> RECEIVED
Date Pump Installed: <u>12/29/06</u>	Setting Depth: <u>60</u> feet JAN 22 2007
Rated Pump Capacity: <u>24</u> Gallons Per Minute	Number of Stages: <u>2</u> BY: OLWR

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12/29/06</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u>
Static Water Level (A): <u>30</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>60</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>40</u> Feet Below Land Surface	Well yielded <u>24</u> GPM with a drawdown of
Pumping Rate: <u>24</u> Gallons Per Minute	<u>20</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

McGill Pump & Well 0239 Michael P. McGill