

(County) Harrison  
 (Permit) 0239  
 (Driller) McBill Pump & Well  
 Date well completed: 11/14/07

State Well Report

Part 1

Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10691  
 Jackson, MS 39289-0691  
 (601)961-5110  
 (601)354-6938 (fax)

Map Office Use Only  
 Aquifer \_\_\_\_\_  
 Well ID: J-360  
 U.S. Elevation \_\_\_\_\_  
 E-log # \_\_\_\_\_

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
Name: <u>CRAIG BROWN</u>	Latitude: _____ Longitude: _____
Address: <u>Sablowood</u>	Method of Lat/Long (circle one): <u>Conventional</u> <input type="checkbox"/> <u>DGPS</u> <input type="checkbox"/>
<u>OFF MENAGE AVE</u>	USGS quad: _____ Hand-held GPS: _____ Survey-grade GPS: _____
<u>P.C. MS. 39570</u>	<u>36</u> <u>75</u> <u>13W</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>2</u> Miles Direction: <u>N</u> of <u>P.C.</u>
Telephone No: <u>228 669-7072</u>	

Well Data

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

Date well drilling started: 11/14/07 Date well drilling completed: 11/14/07

If existing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 30 feet above or below (circle one) land surface Date measured: 11/14/07

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

Flow depth: 420 Well depth: 420 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 420 feet Casing diameter: 4x2 inches Type of casing: PVC

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

Screen slot size: .0004 inches Setting depth: From 400 feet to 420 feet

Type of construction (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

Log 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.

McBill Pump & Well 0239 Michael McBill Sr.  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

RECEIVED  
 DEC 19 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) 961-3210  
 (601) 554-6938 (Fax)

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: **J-360**  
 Elevation: \_\_\_\_\_

(County) **HARRISON**  
 (Permit) **0239**  
 (Driller) **McGill Pump Well**  
 (Completed) **7/04/07**

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: <b>Craig Brown</b>	Latitude: _____ Longitude: _____
Mailing Address: <b>Sablewood</b>	Method of Lat/Long (circle one): <input checked="" type="radio"/> Conventional Survey
<b>OFF Mergo Ave.</b>	USGS quad, Hand-held GPS, Survey-grade GPS
<b>P.C. MS. 39570</b>	<input type="checkbox"/> <input type="checkbox"/> Sec <b>36</b> Twn <b>7S</b> Rng <b>13W</b>
City State Zip Code	Distance Direction Nearest Town
Telephone No: <b>228 669 7072</b>	<b>2</b> Miles <b>N</b> of <b>P.C.</b>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <b>Submersible</b> <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____	<input checked="" type="checkbox"/> <b>Electric Motor</b> <input type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> Windmill <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO Other (specify): _____
Date Pump Installed: <b>11/4/07</b>	Horse Power Rating of Motor: <b>1 1/2</b>
Rated Pump Capacity: <b>14</b> Gallons Per Minute	Setting Depth: <b>80</b> feet
	Number of Stages: <b>3 11</b>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape Other (specify): _____
Static Water Level (A): <b>30</b> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Pumping Water Level (B): <b>80</b> Feet Below Land Surface	Well yielded <b>24</b> GPM with a drawdown of
Drawdown (B)-(A): <b>20</b> Feet Below Land Surface	<b>20</b> feet after <b>4</b> hours of pumping
Test Pumping Rate: <b>24</b> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <b>4</b> hours	

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

**Michael McGill Sr. 0239**

RECEIVED  
 DEC 19 2007  
 BY: OLWR