

State Well Report

Part 1 - Driller's Log

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 #: J395
 L. S. Elevation: _____
 E-log #: _____

County: Harrison
 Permit #: 0239
 Driller: McGill Pump & Well
 Date drilling completed: 6-14-12

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Carlton Homes</u>	Latitude: <u>30° 23' 33"</u> Longitude: <u>89° 16' 19"</u>
Mailing Address: <u>Lot 31</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Magnolia Walk</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>P.C. Ms. 39571</u>	<u>1R 1/4 1R 1/4 Sec 39 Twn 7S Rng 13W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(228) 206-6223</u>	<u>10 Miles EAST of GPT.</u>

Well / Borehole Data

Date drilling started: 6-12-12 Date drilling completed: 6-14-12 Hole depth: 480 Hole diameter: 4 1/2

Location of the source of any surface water used for drilling: Water Well

Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump Seismic Survey Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

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

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

Static Water Level: 80 feet above or below (circle one) land surface Date measured: _____

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

Well depth: 480 Well grouted to a depth of 10 feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 460 feet Casing diameter: 4 1/2 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 460 feet to 480 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 next page*

Form: OLWR-SWR-1A

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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 395
 Elevation: _____

County: Harrison
 Permit #: 0239
 Driller: McGILL Pump & Well
 Date completed: 6-14-12
Copy information from block on Part 1

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Garlon Homes</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>LOT 31</u> <u>Magnolia Walk</u> <u>P.E. MS 39571</u> City State Zip Code	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ <u>1R 1/4 1R 1/4 Sec 39 T 7S R 13W</u> Distance Direction Nearest Town <u>10 Miles EAST of GPT</u>
Telephone No. <u>228 206-6223</u>	

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>6-14-12</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>18</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-14-12</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tap
Static Water Level (A): <u>80</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>120</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>15</u> Feet Below Land Surface	Well yielded <u>18</u> GPM with a drawdown of
Test Pumping Rate: <u>18</u> Gallons Per Minute	<u>15</u> feet after <u>12</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>12</u> hours	

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

Michael McGill Sr. 0239 Michael McGill Jr.
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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