

**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 #: J 398  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Harrison  
Permit #: 0239  
Driller: McGill Pump & Well  
Date drilling completed: 8-16-12

*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.*

|   |  |
|---|--|
| <p align="center"><b>Information on Well Owner</b><br/><i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Garlan Homes</u><br/>Mailing Address: <u>LOT 51</u><br/><u>Magnolia Walk</u><br/><u>P.O. Box 39571</u><br/>City: _____ State: _____ Zip Code: _____<br/>Telephone No. <u>228 206-6223</u></p> | <p align="center"><b>Well or Borehole Location</b></p> <p>Latitude: <u>30° 23.36'</u> Longitude: <u>89° 16.04'</u><br/>Method of Lat/Long (circle one): Conventional Survey,<br/>USGS quad, Hand-held GPS, Survey-grade GPS<br/><u>1R</u> <math>\frac{1}{4}</math> <u>1R</u> <math>\frac{1}{4}</math> Sec. <u>39</u> Twn <u>7S</u> Rng <u>13W</u><br/>Distance <u>10</u> Miles Direction <u>EAS</u> of Nearest Town <u>SPT</u></p> |
|---|--|

**Well / Borehole Data**

Date drilling started: 8-16-12 Date drilling completed: 8-17-12 Hole depth: 500' Hole diameter: 4x2

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: 8-17-12

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

Well depth: 500 Well grouted to a depth of 10 feet Type of grout (circle one):  Neat Cement  Bentonite  Mix

Casing length: 480 feet Casing diameter: 4x2 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 480 feet to 500 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*

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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 #: J398

Elevation: \_\_\_\_\_

County: Harrison  
 Permit #: 0239  
 Driller: McGill Pump & Well  
 Date completed: 8-16-12  
*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>Garlan Homes</u>                        | Latitude: _____ Longitude: _____                             |
| Mailing Address: <u>Lot 51</u><br><u>Magnolia Walk</u> | Method of Lat/Long (check one): Conventional Survey _____    |
| <u>P.C. Ms 39571</u>                                   | USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ |
| City _____ State _____ Zip Code _____                  | <u>1R 1/4 1R 1/4 Sec 39 T 7S R 13W</u>                       |
| Telephone No. <u>228) 206-6223</u>                     | Distance _____ Direction <u>35</u> Nearest Town _____        |
|  | <u>10</u> Miles <u>EAST</u> of <u>GPT</u>                    |

| Pump Type<br>Circle one  | Power Type<br>Circle one   |
|--|--|
| Air 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"/>         |
| Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>           | <u>Electric Motor</u> <input checked="" type="checkbox"/> 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</u>  |
| Date Pump Installed: <u>8-17-12</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<br>Circle one   |
|---|---|
| Date Well Tested: <u>8-17-12</u>                            | Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tap</u> <input checked="" type="checkbox"/> |
| 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 purging   |
| 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  
 Print Name of Pump Installer and License No. (if applicable)

Michael McGill Jr.  
 Signature of Pump Installer

Form: OLWR-SW

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