

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 #: **K-418**
L. S. Elevation: _____
E-log #: _____

County: **Harrison 047**
Permit #: **0239**
Driller: **McGill Pump & Well**
Date drilling completed: **04/21/05**

McGill Pump and Well

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: GLEN RICH	Latitude: _____ Longitude: _____
Mailing Address: 22092 CROWN RD OFF DEHERDE GPT. MS.	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	_____ 1/4 _____ 1/4 Sec 4 Twn 7S Rng 12W
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____ 13 Miles NW of GPT.

Well Data

Purpose of Well (circle one) **Home** Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: **04/21/05** Date well drilling completed: **04/21/05**
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: **100** feet above or below (circle one) land surface Date measured: **04/21/05**
Method of Measurement (circle one) **steel tape** electric tape air line other: _____
Hole depth: **400** Well depth: **400** Well grouted to a depth of **10** feet
Type of grout (circle one): **Cement** Bentonite Mix
Casing length: **380** feet Casing diameter: **2** inches Type of casing: **PVC**
Screen length: **20** feet Screen diameter: **2** inches Type of screen: **PVC**
Screen slot size: **1/8** inches Setting depth: From **380** feet to **400** 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 D. McGill

Signature of Water Well Contractor

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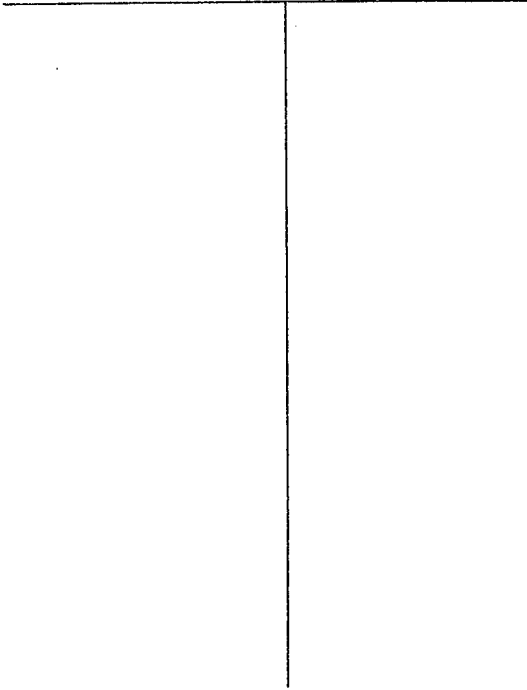
APR 27 2005

BY: OLWR

If well telescopes please sketch below and show depths.

K-413

Ground Level



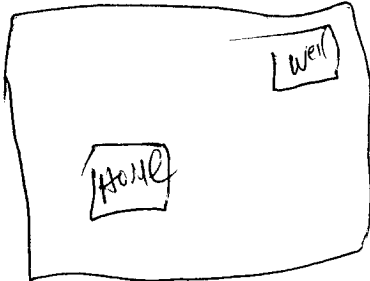
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
SAND (White)	0	20
SAND (White/Grey)	20	100
MUD (Blue)	100	170
SAND (Blue)	170	220
MUD (")	220	250
SAND (Blue)	350	400

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.



Landowner Name: G/w Rich

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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 #: K-418
 Elevation: _____

County: Harrison
 Permit #: 0239
 Driller: McGill Pump & Well
 Date completed: 04/21/05

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	Well Location
Owner Name: <u>GLEN RICH</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>22092 CROWN Rd.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>OFF DEARDE</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>EPT. MS. 39503</u>	_____ 1/4 _____ 1/4 Sec <u>4</u> Twn <u>7S</u> Rng <u>12W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (_____) _____	<u>12</u> Miles <u>N.W.</u> of <u>EPT.</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>04/21/05</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>04/21/05</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>100</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>12</u> GPM with a drawdown of
Test Pumping Rate: <u>12</u> Gallons Per Minute	<u>15</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

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