

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 #: K-427
L. S. Elevation: _____
E-log #: _____

County: Harrison
Permit #: 0239
Driller: McGill Pump & Well
Date drilling completed: 08/04/06

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>Edward McComack</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>10135 Firetower Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>P.C. Ms. 39571</u>	<u>1/4 1/4 Sec 13 Twn 75 Rng 12 W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () <u>N/A</u>	<u>6</u> Miles <u>N.W.</u> of <u>GPT.</u>

Well Data

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

Date well drilling started: 08/04/06 Date well drilling completed: 08/04/06

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 08/04/06

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

Hole depth: 360 Well depth: 360 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 340 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 340 feet to 360 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

Michael McGill Sr.

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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AUG 30 2006
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)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: K-427

Elevation: _____

County: Harrison
 Permit #: 0239
 Well Name: McGill Pump Well
 Date completed: 08/04/06

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

Owner Name: Edward McCormack
 Mailing Address: 10135 Firetower Rd.
P.C. Ms. 39571
 City State Zip Code

Phone No.: N/A

Well Location

Latitude: _____ Longitude: _____

Method of Lat/Long (circle one): Conventional Survey,

USGS quad, Hand-held GPS, Survey-grade GPS

_____ 1/4 _____ 1/4 Sec 12 Twn 7S Rng 12W

Distance Direction Nearest Town

6 Miles N.W. of GPT.

Pump Type

Circle one

Lift Jet Submersible
 Piston Turbine
 Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 08/04/06

Rated Pump Capacity: 8 Gallons Per Minute

Power Type

Circle one

Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____

Horse Power Rating of Motor: 2

Setting Depth: 80 feet

Number of Stages: 3

Pump Test Data

Date Well Tested: 08/04/06
 Static Water Level (A): 50 Feet Below Land Surface
 Pumping Water Level (B): 120 Feet Below Land Surface
 Drawdown [(B) - (A)]: 10 Feet Below Land Surface
 Pumping Rate: 8 Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level

Circle one

Air Line Electric Measuring Line Steel Tape
 Other (specify): _____

For flowing well, measured shut in head: _____ feet

Well yielded 8 GPM with a drawdown of

10 feet after 4 hours of pumping

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AUG 30 2006

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

BY: OLWR

McGill Pump & Well 0239

Michael P. McGill