

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-428
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>Jennifer Larson</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>21652 Tucker Rd.</u> | Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS |
| <u>LB - Ms. 39566</u> | <u>1/4 1/4 Sec. 33 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>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: 0 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: 90 Well depth: 90 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 4 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 70 feet to 90 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

RECEIVED
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-428

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: Jennifer Larson
 Mailing Address: 21652 Tucker Rd.
L.P. Ms. 39560
City State Zip Code
 Telephone 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 33 Twn 7S Rng 12W
 Distance Direction Nearest Town
6 Miles W of GPT.

Pump Type

Circle one

Lift Jet Submersible
 Rocket Piston Turbine
 Centrifugal Rotary Flowing Well

Other (specify): _____
 Date Pump Installed: 08/04/06
 Rated Pump Capacity: 10 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: 1/2
 Setting Depth: 40 feet
 Number of Stages: 8

Pump Test Data

Date Well Tested: 08/04/06
 Static Water Level (A): 0 Feet Below Land Surface
 Pumping Water Level (B): 40 Feet Below Land Surface
 Drawdown [(B) - (A)]: 10 Feet Below Land Surface
 Pumping Rate: 10 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: 5 feet
 Well yielded 10 GPM with a drawdown of
10 feet after 4 hours of pumping

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

McGill Pump & Well 0239

Michael P. McGill

RECEIVED
 AUG 30 2006
 BY: OLWR