

State Well Report

Part 1

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 30631
Jackson, MS 39239-0631
(601)961-5110
(601)354-6938 (fax)

For Office Use Only

Aquifer:
Well ID: **K-438**
L.S. Elevation:
E-log #:

County: **HARRISON**
Well ID: **0239**
Well Name: **MEGA PUMP & WELL**
Date well completed: **11/20/07**

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
Company Name: ASPHALT MAINTENANCE INC.	Latitude: _____ Longitude: _____
Working Address: 20922 Wildflower Dr. OFF COUNTRY PROP. RD. GPT. MS. 39503	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey <input type="checkbox"/> USGS quad <input type="checkbox"/> Hand-held GPS <input type="checkbox"/> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	1/4 _____ 1/4 Sec. 21 Twp. 7S Rng. 12 W
Telephone: N/A	Distance _____ Direction _____ Nearest Town _____ _____ Miles W of GPT.

Well Data

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

Date well drilling started: **11/19/07** Date well drilling completed: **11/20/07**

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

Static Water Level: **40** feet above or below (circle one) land surface Date measured: **11/20/07**

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

Flow depth: **560** Well depth: **560** Well grouted to a depth of **10** feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: **540** 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 **540** feet to **560** feet

Type of construction (circle all applicable): Gravel packed Undersewer 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 back of page.

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

Name of organization running logs: _____

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 standards.

Print Name of Water Well Contractor and License No. **McGinn Pump & Well 0239** Signature of Water Well Contractor **Michael M. McGinn Jr.**

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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-438

Elevation: _____

County: Harrison

Report #: 0239

Well Name: McBill Pump & Well

Date Installed: 11/20/07

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: ASPHALT MAINTENANCE ETC.

Mailing Address: 20922 Wildflower Dr.
OFF COUNTY PARK RD.
GRT MS 39503

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 21 Twn 7S Rng 13W

Distance _____ Direction _____ Nearest Town _____

8 Miles W of GRT.

Pump Type
Circle one

Air Lift Jet Submersible

Bucket Piston Turbine

Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 11/20/07

Rated Pump Capacity: 18 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

Setting Depth: 100 feet

Number of Stages: 8

Pump Test Data

Date Well Tested: 11/20/07

Static Water Level (A): 46 Feet Below Land Surface

Pumping Water Level (B): 100 Feet Below Land Surface

Drawdown (B-A): 20 Feet Below Land Surface

Test Pumping Rate: 18 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 18 GPM with a drawdown of 20 feet after 4 hours of pumping

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

McBill Pump & Well 0239

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