

County: Harrison
 Permit #: 0239
 Driller: McGill Pump & Well
 Date drilling completed: 10-22-15

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: K 454
 Well #: _____
 L. S. Elevation: _____
 E-log #: _____

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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Chad + Courtney Rhodes</u>	Latitude: <u>30.23.452</u> Longitude: <u>89.14.15.34</u>
Mailing Address: <u>23111 Stablewood Circle</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u>
<u>Delisle MS 39571</u>	USGS quad: <u>5W 1/4 NW 1/4 Sec 20 Twn 75 Rng 13W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ()	<u>3 Miles NE of Delisle</u>

Well / Borehole Data

Date drilling started: 10-21-15 Date drilling completed: 10-22-15 Hole depth: 560 Hole diameter: 4x2

Location of the source of any surface water used for drilling: well water

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 _____ Other (describe) Back wash

Static Water Level: 50 feet above or below (circle one) land surface Date measured: 10-23-15

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

Well depth: 560 Well grouted to a depth of 10 feet Type of grout (circle one): Neat 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: .006 inches Setting depth: From 540 feet to 560 feet

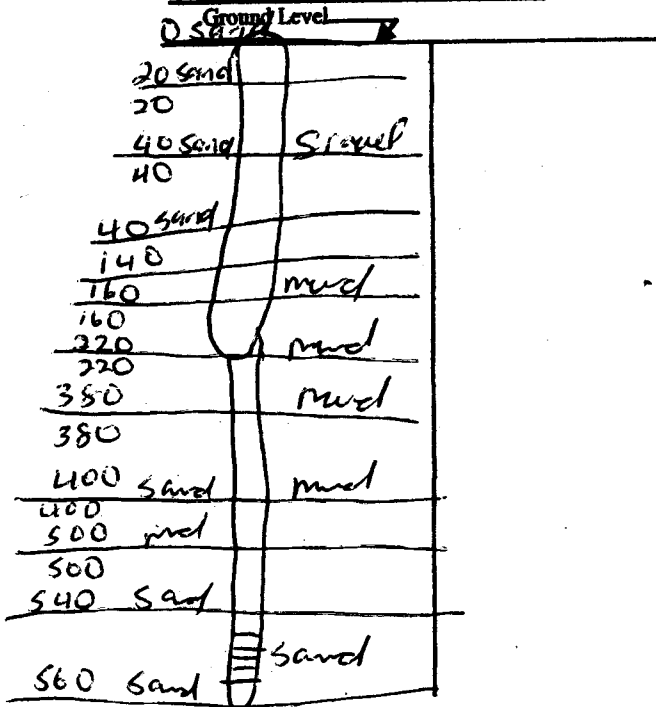
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: 220 feet. *If telescoped or more than one screen, describe on next page*

The sketch below only required for water wells

If well telescopes, show depths on sketch

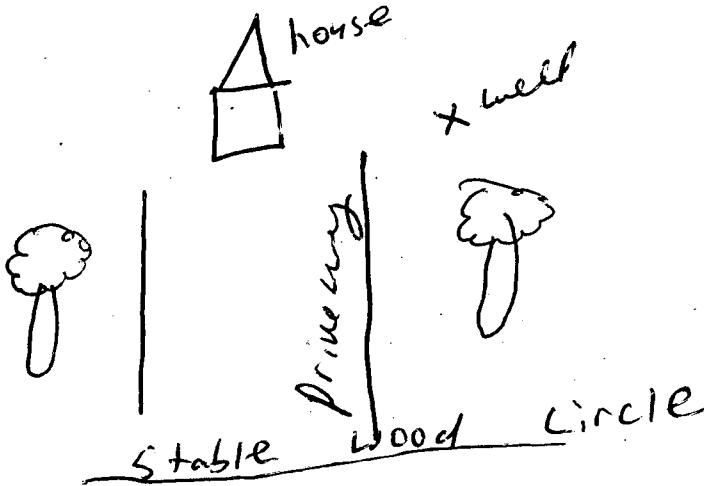


If more than one screen, show location of each on sketch

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
sand	0	20
sand / gravel	20	40
sand	40	140
sand / mud	140	160
mud	160	220
mud	220	350
sand / mud	350	400
mud	400	500
sand	500	560

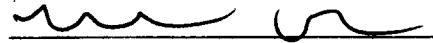
Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.



Landowner Name: Chad + Courtney Rhodes
2311 Stable wood circle Delisle, ms 39571

Form: OLWR-SWR-1A

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Michael McCall 844 0239 11/9/15 

Print Name of Responsible Licensee and License No. Date Signature of Licensee

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)

County: Harrison
 Permit #: 0239
 Driller: McGill Pump Well
 Date completed: 10-22-15
Copy information from block on Part 1

For Office Use Only:

Aquifer: K454
 Well #: _____
 Elevation: _____

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>Chad + Courtney Rhoads</u>	Latitude: <u>30° 23' 45.21" N</u> Longitude: <u>89° 14' 15.34" W</u>
Mailing Address: <u>23111 Stable Wood Circle</u> <u>Delisle MS 39571</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec. <u>F20 T75 R13W</u>
City: _____ State: _____ Zip Code: _____	Distance: _____ Direction: _____ Nearest Town: _____
Telephone No. (____) _____	<u>3 Miles NE of Delisle</u>

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket: 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: Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 h.p.</u>
Date Pump Installed: <u>10-23-15</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-23-15</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u> <input checked="" type="checkbox"/>
Static Water Level (A): <u>50</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>100</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>10⁵⁰</u> Feet Below Land Surface	Well yielded <u>50</u> GPM with a drawdown of
Test Pumping Rate: <u>50</u> Gallons Per Minute	<u>10</u> feet after <u>5</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.

Michael McGill SR #0239
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

NOV 10 2015