

# 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 #: L-745  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Harrison  
Permit #: 0239  
Driller: McGill Pump & Well  
Date drilling completed: 04/14/06

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>DAVID G. GARZIA</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>10380 NEW HOPE RD.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>GPT MS 39503</u>	<u>1/4 1/4 Sec 18 Twn 75 Rng 11 W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) <u>No phone</u>	<u>4</u> Miles <u>W</u> of <u>GPT</u>

Well Data	
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____	
Date well drilling started: <u>04/11/06</u> Date well drilling completed: <u>04/14/06</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>40</u> feet above or below (circle one) land surface Date measured: <u>04/14/06</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Hole depth: <u>560</u> Well depth: <u>560</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix	
Casing length: <u>540</u> feet Casing diameter: <u>4X2</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>20</u> feet Screen diameter: <u>2"</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.026</u> inches Setting depth: From <u>520</u> feet to <u>540</u> feet	
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u>	
Other (describe): _____	
Top of lap pipe or reduction in casing: <u>200</u> feet. If telescoped or more than one screen, describe on back of page	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	

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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 McGill  
Signature of Water Well Contractor

L-745

If well telescopes please sketch below and show depths.

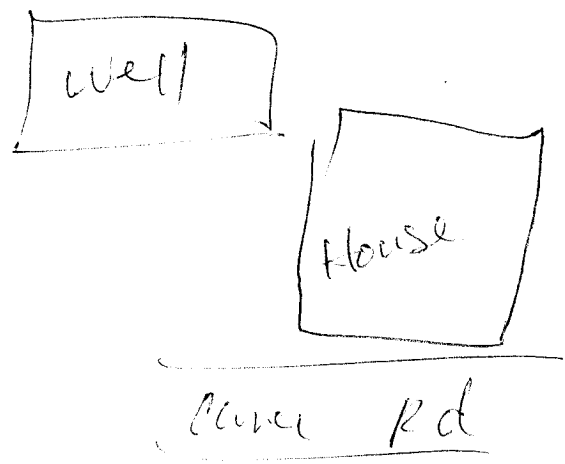
Ground Level

200 = 4"  
360 = 2"

Description of Formations Encountered	From	To
SAND	0	40
MUD	40	160
SAND	160	180
MUD	180	520
SAND	520	560

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.



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landowner Name: DAVID G. GARZIA

# 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 #: W-745  
 Elevation: \_\_\_\_\_

County: Harrison  
 Permit #: 0239  
 Installer: McGill Pump & Well  
 Date completed: 04/14/06

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	Well Location
Owner Name: <u>DAVID G. GARZIA</u>	Latitude: _____ Longitude: _____
Billing Address: <u>10380 New Hope Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>GPT</u> MS. <u>39503</u>	_____ 1/4 _____ 1/4 Sec <u>18</u> Twn <u>75</u> Rng <u>11W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) <u>NO/ phone</u>	<u>4</u> Miles <u>W</u> of <u>GPT</u>

Pump Type Circle one	Power Type Circle one
Jet <input type="radio"/> <u>Submersible</u> Piston <input type="radio"/> Turbine <input type="radio"/> Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/> <u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> Windmill <input type="radio"/> Other (specify): _____
Date Pump Installed: <u>04/14/06</u> Rated Pump Capacity: <u>18</u> Gallons Per Minute	Horse Power Rating of Motor: <u>1</u> Setting Depth: <u>80</u> feet Number of Stages: <u>8</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>04/14/06</u> Static Water Level (A): <u>40</u> Feet Below Land Surface Pumping Water Level (B): <u>80</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>15</u> Feet Below Land Surface Test Pumping Rate: <u>18</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> <u>Steel Tape</u> <input type="radio"/> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>18</u> GPM with a drawdown of <u>15</u> feet after <u>4</u> hours of pumping

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

McGill Pump & Well 0239