

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-750
L. S. Elevation: _____
E-log #: _____

County: Harrison
Permit #: 0239
Driller: McGinn Pump & Well
Date drilling completed: 12/07/06

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>GARDEN PARK MED. CNTR.</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Community Rd.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>OFF Hwy 49</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>6pt. MS-39503</u>	_____ 1/4 _____ 1/4 Sec <u>9</u> Twn <u>7S</u> Rng <u>11W</u>
City State Zip Code	Distance <u>4pt City Limit</u> Direction _____ Nearest Town _____
Telephone No: <u>228, 575-7195</u>	Miles _____ of _____

Well Data

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

Date well drilling started: 12/04/06 Date well drilling completed: 12/07/06

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

Static Water Level: 30 feet above or below (circle one) land surface Date measured: 12/07/06

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

Hole depth: 800 Well depth: 800 Well grouted to a depth of 10

Type of grout (circle one): Cement Bentonite Mix

Casing length: 780 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: .0006 inches Setting depth: From 780 feet to 800 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.

McGinn Pump & Well 0239 Michael McGill Sr.
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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 #: L-750

Elevation: _____

County: Harrison
 Well #: 0239
 Well Name: McGill Pump Well
 Date completed: 12/07/06

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: GARDEN PK. MED. CNTR.
 Mailing Address: Community KP.
OFF Hwy 49
GPT. MS. 39523
 City State Zip Code
 Phone No. 228) 575-7195

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 9 Twn 7S Rng 11W
 Distance _____ Direction _____ Nearest Town _____
 Miles of City Limits

Pump Type Circle one

Jet Submersible
 Piston Turbine
 Rotary Flowing Well

Power Type Circle one

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

Date Pump Installed: 12/07/06
 Rated Pump Capacity: 60 Gallons Per Minute

Horse Power Rating of Motor: 5
 Setting Depth: 100 feet
 Number of Stages: 12

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BY: OLWR

Pump Test Data

Date Well Tested: 12/07/06
 Static Water Level (A): 30 Feet Below Land Surface
 Pumping Water Level (B): 100 Feet Below Land Surface
 Drawdown [(B) - (A)]: 70 Feet Below Land Surface
 Pumping Rate: 60 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 60 GPM with a drawdown of
40 feet after 4 hours of pumping

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

McGill Pump & Well 0239

Michael P. McCall