

# State Well Report

Part I

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-751  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Harrison  
Permit #: 0239  
Driller: McGinn Pump & Well  
Date drilling completed: 07/18/07

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		
Owner Name:	<u>Janaya Miller</u>		Latitude:	_____ " _____ " _____ "	
Mailing Address:	<u>2218 29<sup>th</sup> ST.</u>		Method of Lat/Long (circle one):	Conventional Survey, _____	
	<u>GPT</u>	<u>MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS	_____ 1/4 _____ 1/4 Sec <u>31</u> Twn <u>7S</u> Rng <u>11W</u>	
	City	State	Zip Code	_____	
Telephone No.:	<u>601, 757-4461</u>		Distance _____ Miles	Direction <u>W</u>	Nearest Town <u>GPT</u>

**Well Data**

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

Date well drilling started: 07/17/07 Date well drilling completed: 07/18/07

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

Static Water Level: 30 feet above or below (circle one) land surface Date measured: 07/18/07

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

Hole depth: 520' Well depth: 520' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 500 feet Casing diameter: 3 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 3 inches Type of screen: PVC

Screen slot size: 1,0006 inches Setting depth: From 500 feet to 520 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  
Print Name of Water Well Contractor and License No.

Michael RECEIVED  
Signature of Water Well Contractor

SEP 04 2007

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 #:	<u>L-751</u>
Elevation:	

County:	<u>Harrison</u>
Permit #:	<u>0239</u>
Driller:	<u>McGill Pump &amp; Well</u>
Date completed:	<u>07/18/07</u>

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>La Jagne Miller</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>2218 29<sup>th</sup> ST.</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey,
<u>EPT. MS. 39503</u>	<input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>31</u> Twn <u>7S</u> Rng <u>11W</u>
Telephone No. <u>601 757-4461</u>	Distance Direction Nearest Town
	<u>2</u> Miles <u>W</u> of <u>EPT.</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>07/18/07</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>07/18/07</u>	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>30</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>60</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown (B) - (A): <u>10</u> Feet Below Land Surface	Well yielded <u>13</u> GPM with a drawdown of
Test Pumping Rate: <u>12</u> Gallons Per Minute	<u>10</u> feet after <u>4</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 DUBILL Sr. # 0239

RECEIVED  
SEP 04 2007  
BY: OLWR