

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)

County: Harrison
Permit #: 0239
Driller: McGill Pump & Well
Date drilling completed: 11/10/07

For Office Use Only:
Aquifer: _____
Well #: L-254
L. S. Elevation: _____
E-log #: _____

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>C.E. Kremer</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>5305 Courthouse Rd.</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>GPT. MS. 39507</u>	<u>1/4 1/4 Sec 1 Twn PS Rng 11W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>N/A</u>	<u>3 Miles E of GPT.</u>

Well Data

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

Date well drilling started: 11/07/07 Date well drilling completed: 11/10/07

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

Static Water Level: 40 feet above of below (circle one) land surface Date measured: 11/10/07

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

Hole depth: 640 Well depth: 640 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 620 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 620 feet to 640 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: 160 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.

McGill Pump & Well 0239
Print Name of Water Well Contractor and License No.

Michael McGill Sr.
Signature of Water Well Contractor

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L-754

If well telescopes please sketch below and show depths.

Ground Level

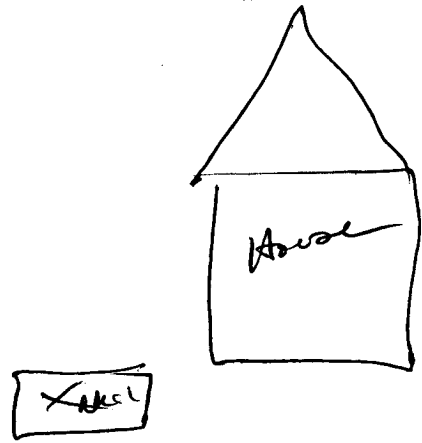
4" = 0-160
 2" = 160-640

Description of Formations Encountered

Description of Formations Encountered	From	To
MUD (Orange)	0	100
Sand (Orange)	100	140
MUD (Blue)	140	360
Sand (Blue)	360	380
MUD (Blue)	380	570
SAND (Blue)	570	640

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.



owner Name: C.E. Kremer

Michel McBill \$

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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-754
Elevation:	

County:	Harrison
Permit #:	0239
Driller:	McGill Pump & Well
Date completed:	11/10/07

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	Well Location
Owner Name: <u>C.E. Kremer</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>5305 Courthouse Rd</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>GPT MS 39507</u>	<input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>1</u> Twn <u>8S</u> Rng <u>11W</u>
Telephone No. <u>N/A</u>	Distance Direction Nearest Town
	<u>3</u> Miles <u>E</u> of <u>GPT</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____	Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>2</u> Setting Depth: <u>100</u> feet Number of Stages: <u>11</u>
Date Pump Installed: <u>11/10/07</u>	
Rated Pump Capacity: <u>24</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11/10/07</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>40</u> Feet <u>Below</u> 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>40</u> Feet Below Land Surface	Well yielded <u>24</u> GPM with a drawdown of
Test Pumping Rate: <u>24</u> Gallons Per Minute	<u>40</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.

Michel McGill Jr. 0239

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