

State Well Report

Part 1

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 10531  
Jackson, MS 39289-0531  
(601)961-5210  
(601)354-6935 (fax)

Use Under the Title:

Regulator: \_\_\_\_\_  
Well #: L-756  
L.S. Elevation: \_\_\_\_\_  
Elev #: \_\_\_\_\_

(County) Harrison  
(Permit) 0239  
(Driller) McGill Pump Well  
11/15/07

State Law requires that this report be prepared by the driller in detail and filed with the Department within 60 days of completion of drilling of the well.

Well Owner Information		Well Location	
Name: <u>DUKE MIDDLETON</u>	Latitude: _____	Longitude: _____	
Home Address: <u>3410 A Ave.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>		
<u>SPT. MS- 39507</u>	USGS quad: _____ Hand-held GPS: _____ Survey-grade GPS: _____		
City: _____ State: _____ Zip Code: _____	1/4 _____ 1/4 Sec _____ Twp <u>7S</u> Rng <u>11W</u>		
Telephone No: <u>N/A</u>	Distance _____ Miles	Direction <u>E</u>	Nearest Town <u>SPT</u>

Well Data

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

Date well drilling started: 11/13/07 Date well drilling completed: 11/15/07

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

Static Water Level: 80 feet above bottom (circle one) land surface Date measured: 11/15/07

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

Flow depth: 640' Well depth: 640' Well grouted to a depth of 10'

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: 0.006 inches Setting depth: From 620 feet to 640 feet

Type of construction (circle all applicable): Gravel packed Undercasing Telescoped Open hole Natural Development

Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: 200 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 operator under running logs: \_\_\_\_\_

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.

Michelle McGill Sr.  
Signature of Water Well Contractor

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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)961-3210  
(601)354-6938 (Fax)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: L-755

Elevation: \_\_\_\_\_

(County) Harrison  
(Permit) 0239  
(Driller) McBill Pump & Well  
(Completed) 11/15/07

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>Duke Middleton</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>3410 A. Ave.</u>	Method of Lat/Long (circle one): <input checked="" type="checkbox"/> Conventional Survey
<u>GPT. MS. 39507</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>35</u> Twn <u>7S</u> Rng <u>11W</u>
Telephone No: <u>N/A</u>	Distance Direction Nearest Town
	<u>2</u> Miles <u>E</u> of <u>GPT</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <input checked="" type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2</u>
Date Pump Installed: <u>11/15/07</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>24</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11/15/07</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <input checked="" type="checkbox"/> <u>Steel Tape</u>
Static Water Level (A): <u>80</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>140</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown (B-A): <u>30</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>30</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 McBill Sr. 0239

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