

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-756
L. S. Elevation: _____
E-log #: _____

County: Harrison
Permit #: 0239
Driller: McGill Pump & Well
Date drilling completed: 11/26/07

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>Ed Billiet</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>10510 New Hope Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>GPT</u> City <u>MS</u> State <u>39503</u> Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS <u>1/4</u> <u>1/4</u> Sec <u>18</u> Twn <u>7S</u> Rng <u>11W</u>
Telephone No. <u>N/A</u>	Distance <u>7</u> Miles <u>W</u> Direction of <u>GPT</u> Nearest Town

Well Data

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

Date well drilling started: 11/26/07 Date well drilling completed: 11/26/07

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

Static Water Level: 30 feet above or below (circle one) land surface Date measured: 11/26/07

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

Hole depth: 400 Well depth: 400 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 380 feet Casing diameter: 2 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 360 feet to 400 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.

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

Michael McGill Jr.
Signature of Water Well Contractor

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DEC 19 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 #:	L-756
Elevation:	

County:	Harris
Permit #:	0839
Driller:	McGill Pump Well
Date completed:	11/26/07

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: Ed Billiet	Latitude: _____ Longitude: _____
Mailing Address: 10510 New Hope Rd.	Method of Lat/Long (circle one): Conventional Survey,
GPT MS 39503	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec 18 Twn 7S Rng 11W
Telephone No. N/A	Distance Direction Nearest Town
	4 Miles W of GPT.

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input type="radio"/> Submersible Bucket <input type="radio"/> Piston <input type="radio"/> Turbine Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well Other (specify): _____	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO Windmill <input type="radio"/> Other (specify): _____ Horse Power Rating of Motor: 1 Setting Depth: 60 feet Number of Stages: 2
Date Pump Installed: 11/26/07	
Rated Pump Capacity: 12 Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: 11/26/07	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> <input checked="" type="radio"/> Steel Tape
Static Water Level (A): 30 Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): 60 Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: 10 Feet Below Land Surface	Well yielded 12 GPM with a drawdown of
Test Pumping Rate: 12 Gallons Per Minute	10 feet after 4 hours of pumping
Duration of Pump Test (minimum 4 hours): 4 hours	

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

Michael McGill BY: OLWR
 Signature of Pump Installer

McGill Pump Well 0839

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