

**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)

County: Harrison
 Permit #: 0239
 Driller: M'Guill Pump & Well
 Date drilling completed: 11/12/07

For Office Use Only:

Aquifer: _____
 Well #: M-956
 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>Mary Allgood</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>405 Ginger Dr.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Biloxi, MS 39540</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4 Sec 23 Twn 7S Rng 9W</u>
Telephone No. <u>N/A</u>	Distance Direction Nearest Town
	<u>2 Miles S of D'Arville</u>

Well Data

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

Date well drilling started: 11/12/07 Date well drilling completed: 11/12/07

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

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 11/12/07

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

Hole depth: 420' Well depth: 420' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 400 feet Casing diameter: 2 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 400 feet to 420 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.

M'Guill Pump & Well 0239
 Print Name of Water Well Contractor and License No.

Muelo
 Signature of Water Well Contractor
 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 #: <u>M-956</u>
Elevation: _____	

County: <u>Harrison</u>
Permit #: <u>02-391</u>
Driller: <u>McBride Pump & Well</u>
Date completed: <u>11/12/07</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.

<p style="text-align: center;">Well Owner Information</p> <p>Owner Name: <u>Mary Allgood</u></p> <p>Mailing Address: <u>405 Ginger Dr.</u></p> <p style="text-align: center;"><u>Biloxi MS 39540</u></p> <p style="text-align: center;">City State Zip Code</p> <p>Telephone No. () _____</p>	<p style="text-align: center;">Well Location</p> <p>Latitude: _____ Longitude: _____</p> <p>Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS</p> <p style="text-align: center;">_____ 1/4 _____ 1/4 Sec <u>23</u> Twn <u>75</u> Rng <u>9W</u></p> <p>Distance Direction Nearest Town</p> <p style="text-align: center;"><u>2</u> Miles <u>S</u> of <u>D'Shville</u></p>
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<p style="text-align: center;">Pump Type Circle one</p> <p>Air Lift Jet Submersible</p> <p>Bucket Piston Turbine</p> <p>Centrifugal Rotary Flowing Well</p> <p>Other (specify): _____</p> <p>Date Pump Installed: _____</p> <p>Rated Pump Capacity: _____ Gallons Per Minute</p>	<p style="text-align: center;">Power Type Circle one</p> <p>Diesel Engine Gasoline Engine Natural Gas</p> <p>Electric Motor Hand Tractor PTO</p> <p>Windmill Other (specify): _____</p> <p>Horse Power Rating of Motor: _____</p> <p>Setting Depth: _____ feet</p> <p>Number of Stages: _____</p>
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<p style="text-align: center;">Pump Test Data</p> <p>Date Well Tested: <u>11/12/07</u></p> <p>Static Water Level (A): _____ Feet Below Land Surface</p> <p>Pumping Water Level (B): _____ Feet Below Land Surface</p> <p>Drawdown [(B) - (A)]: _____ Feet Below Land Surface</p> <p>Test Pumping Rate: _____ Gallons Per Minute</p> <p>Duration of Pump Test (minimum 4 hours): _____ hours</p>	<p style="text-align: center;">Method of Measuring Water Level Circle one</p> <p>Air Line Electric Measuring Line <u>Steel Tape</u></p> <p>Other (specify): _____</p> <p>For flowing well, measured shut in head: _____ feet</p> <p>Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping</p>
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

RECEIVED

DEC 19 2007
BY: OLWR