

State Well Report

Part 1 - Driller's Log

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 #: M-960
L. S. Elevation:
E-log #:

County: Harrison
Permit #: 0239
Driller: McMill Pump Well
Date drilling completed: 12/21/08

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner (Landowner if borehole is not for a water well)
Owner Name: Biloxi Regional Hospital
Mailing Address: 150 Reynoir St.
City: Biloxi ms 39530
Telephone No. (228) 436-1110
Well or Borehole Location
Latitude: Longitude:
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
1/4 Sec 28 Twn 7S Rng 9W
Distance 5 Miles Direction East of Nearest Town Gulfport

Well / Borehole Data
Date drilling started: 11/23/08 Date drilling completed: 12/21/08 Hole depth: 800 Hole diameter:
Location of the source of any surface water used for drilling:
Method of dosing and volume of Chlorine used in drilling and development:
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:
Name of organization running log(s):
Purpose of borehole (check one): Water Well [checked] Geotechnical/Geological Investigation Ground Source Heat Pump
Seismic Survey Other (describe)
If drilling is not related to water well construction, skip the remainder of this block
Purpose of Well (check one): Home Industrial Public Supply Irrigation Fish Culture Other: Hospital
If a flowing well, method of flow regulation: Valve Other (describe)
Static Water Level: 40 feet above of below (circle one) land surface Date measured: 12/21/08
Method of Measurement (circle one) steel tape electric tape air line other:
Well depth: 800 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 780 feet Casing diameter: 4 inches Type of casing: Galvanized
Screen length: 20 feet Screen diameter: 4 inches Type of screen: Stainless Steel
Screen slot size: 0006 inches Setting depth: From 780 feet to 800 feet
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development [checked]
Other (describe):
Top of lap pipe or reduction in casing: feet. If telescoped or more than one screen, describe on next page

Form: OLWR-SWR-1A

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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)

County: Harrison  
 Permit #: 0239  
 Driller: McKall Pump & Well  
 Date completed: 12/2/08  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: M-960  
 Elevation: \_\_\_\_\_

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>Biłoxi Regional Hospital</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>150 Reynolds St.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Biłoxi, MS 39530</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ ¼ _____ ¼ Sec <u>28</u> T <u>7-S</u> R <u>9-W</u>
Telephone No. <u>(228) 436-1110</u>	Distance Direction Nearest Town
	<u>5</u> Miles <u>EWS</u> of <u>Gulfport</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>12/2/08</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>85</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-02-08</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u>
Static Water Level (A): <u>60</u> Feet Below 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>20</u> Feet Below Land Surface	Well yielded <u>85</u> GPM with a drawdown of
Test Pumping Rate: <u>85</u> Gallons Per Minute	<u>20</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 McKall SK # 0239      Michael McKall SR.  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

Form: OLWR-SWR-1B

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