

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)

For Office Use Only:

Aquifer: _____
Well #: N 344
L. S. Elevation: _____
E-log #: _____

County: Harrison 047
Permit #: 0239
Driller: McGill Pump & Well
Date drilling completed: 09/08/04

Med. Well Pump and Well

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

Owner Name: FREDDY KEEL
Mailing Address: 7128 Manure W. Diamond Rd. (MS)
House & Acadic Rd. 39525
P.C. MS
City State Zip Code
Telephone No. () _____

Well Location

Latitude: _____ Longitude: _____
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS, Survey-grade GPS
_____ 1/4 _____ 1/4 Sec 12 Twn 8S Rng 13W
Distance Direction Nearest Town
4 Miles N of P.C.

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 09/07/04 Date well drilling completed: 09/08/04
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 20 feet above or below (circle one) land surface Date measured: 09/10/04
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 580 Well depth: 580 Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 560 feet Casing diameter: 4x2 inches Type of casing: PVC
Screen length: 20 feet Screen diameter: 2 inches Type of screen: PVC
Screen slot size: 0.075 inches Setting depth: From 560 feet to 580 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: 4" 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): _____

RECEIVED
SEP 20 2004
BY OLWR

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.

Markus M. Suel
Signature of Water Well Contractor

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 #: N 344
 Elevation: _____

County: Harrison
 Permit #: 0239
 Driller: McGill Pump & Well
 Date completed: 09/08/04

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>Freddy Keel</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>7728 Marvins Wy.</u> <u>House # Arcadia Wy. P.C.</u> <u>Diamondhd. Ms. 39525</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>13</u> Twn <u>85</u> Rng <u>13W</u>
Telephone No. (____) _____	Distance Direction Nearest Town <u>4</u> Miles <u>N</u> of <u>P.C.</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>09/10/04</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>18</u> Gallons Per Minute	Number of Stages: <u>8</u>

RECEIVED
SEP 20 2004
BY: OLWR

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>09/10/04</u>	<u>Air Line</u> <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>90</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>60</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>30</u> GPM with a drawdown of
Test Pumping Rate: <u>18</u> Gallons Per Minute	<u>90</u> feet after <u>1</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>1</u> hours	

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

McGill Pump & Well 0239
 Print Name of Pump Installer and License No. (if applicable)

Michael McGill
 Signature of Pump Installer