

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-346
L. S. Elevation: _____
E-log #: _____

County: Harrison
Permit #: 0239
Driller: McGill Pump & Well
Date drilling completed: 08/01/05

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>Don Smith</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>715 1st St.</u> <u>Henderson Point</u> <u>P.O. MS. 39571</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>33</u> Twn <u>8s</u> Rng <u>13w</u>
Telephone No. <u>228) 339-0868</u>	Distance _____ Direction _____ Nearest Town _____ <u>8</u> Miles <u>W</u> of <u>EPT</u>

Well Data

Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 07/28/05 Date well drilling completed: 08/01/05
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 5 feet above or below (circle one) land surface Date measured: 08/01/05
Method of Measurement (circle one): steel tape electric tape air line other: _____
Hole depth: 620 Well depth: 620 Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 600 feet Casing diameter: 4x2 inches Type of casing: PVC
Screen length: 20 feet Screen diameter: 2 inches Type of screen: PVC
Screen slot size: .1006 inches Setting depth: From 600 feet to 620 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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AUG 11 2005

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 #: N-346

Elevation: _____

County: Harrison
 Permit #: 0239
 Driller: McEil Pump & Well
 Date completed: 08/01/05

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

Owner Name: Don Smith

Mailing Address: 715 1st St.
Henderson Point
P.O. MS. 39571
 City State Zip Code

Telephone No: (228) 339-0868

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 33 Twn 8S Rng 13W

Distance Direction Nearest Town

8 Miles N of EPT

Pump Type
 Circle one

Air Lift Jet Submersible

Bucket Piston Turbine

Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 08/01/05

Rated Pump Capacity: 20 Gallons Per Minute

Power Type
 Circle one

Diesel Engine Gasoline Engine Natural Gas

Electric Motor Hand Tractor PTO

Windmill Other (specify): _____

Horse Power Rating of Motor: 1

Setting Depth: 60 feet

Number of Stages: 12

Pump Test Data

Date Well Tested: 08/01/05

Static Water Level (A): 5 Feet Below Land Surface

Pumping Water Level (B): 60 Feet Below Land Surface

Drawdown [(B) - (A)]: 10 Feet Below Land Surface

Test Pumping Rate: 20 Gallons Per Minute

Duration of Pump Test (minimum 4 hours): 24 hours

Method of Measuring Water Level
 Circle one

Air Line Electric Measuring Line Steel Tape

Other (specify): _____

For flowing well, measured shut in head: _____ feet

Well yielded 30 GPM with a drawdown of 10 feet after 24 hours of pumping

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

McEil Pump & Well 0239

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BY: OLWR