

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 #: N-352
L. S. Elevation: _____
E-log #: _____

County: HARRISON
Permit #: 0239
Driller: McGill Pump & Well
Date drilling completed: 12/14/06

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>Matthe Mitchell</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>25347 LECHENE</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>P.O. MS. 39571</u>	<u>1/4 1/4 Sec 2 Twn 8 S Rng 13 W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. (____) <u>no phone</u>	<u>5</u> Miles <u>NORTH</u> of <u>PASS CHRISTIAN</u>

Well Data

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

Date well drilling started: 12/15/06 Date well drilling completed: 12/14/06

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

Static Water Level: 20 feet above or below (circle one) land surface Date measured: 12/16/06

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

Hole depth: 500' Well depth: 500' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 480 feet Casing diameter: 2" inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 2" inches Type of screen: PVC

Screen slot size: 1.0006 inches Setting depth: From 480 feet to 500 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

Michael McGill Sr.

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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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)

For Office Use Only:

Aquifer: _____

Well #: N-352

Elevation: _____

County: Harrison
 Permit #: 02339
 Installer: McGill Pump & Well
 Date completed: 12/16/06

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: Nattie Mitchell
 Mailing Address: 25347 LECHENS
P.O. MS 39571
 City State Zip Code

Phone No.: no phone

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 2 Twn 85 Rng 13W

Distance Direction Nearest Town
5 Miles NORTH of Agg Christian

Pump Type
Circle one

Lift Jet Submersible
 Rocket Piston Turbine
 Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 12/16/06
 Rated Pump Capacity: 12 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: _____

Setting Depth: _____ feet

Number of Stages: _____

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Pump Test Data

Well Tested: _____
 Static Water Level (A): 20 Feet Below Land Surface
 Pumping Water Level (B): 40 Feet Below Land Surface
 Drawdown [(B) - (A)]: 10 Feet Below Land Surface
 Pumping Rate: 12 Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): 4 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 12 GPM with a drawdown of
10 feet after 4 hours of pumping

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

McGill Pump & Well 02339

Michael P. McGill