

State Well Report

Part 1

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10531
Jackson, MS 39289-0531
(601)961-5210
(601)354-6938 (fax)

Our Order Use Only

Well ID: N-355
U.S. Elevation: _____
E-mail: _____

Company: HARRIS
Contract #: 0239
Well Name: McGill Pump Well
Installation/Completion Date: 11/05/07

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>CHARLES MARSHALL</u>	Latitude: _____ Longitude: _____
Business Address: <u>C/O Salvation Army</u>	Method of Lat/Long (circle one): <input checked="" type="checkbox"/> Conventional Survey
Attention: <u>CHRISTY RICHIE</u>	USGS near: <input type="checkbox"/> Hand-held GPS <input type="checkbox"/> Survey-grade GPS
Delisle, MS.	1/4 _____ 1/4 Sec <u>4</u> Twp <u>8S</u> Rng <u>13W</u>
City State Zip Code	Distance _____ Direction _____ Nearest Town _____
Telephone: <u>601 266-5114</u>	<u>4</u> Miles <u>N</u> of <u>L.B.</u>

Well Data

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

Date well drilling started: 11/05/07 Date well drilling completed: 11/05/07

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

Static Water Level: 20 feet above or below (circle one) land surface Date measured: 11/05/07

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: .0206 inches Setting depth: From 480 feet to 500 feet

Type of construction (circle all applicable): Gravel packed Undercased Telescoped Open hole Natural Development

Other (describe): _____

Top of lap pipe or reflection in casing: _____ feet If telescoped or more than one screen, describe on back of page

Log run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other _____

Name of organization running logs: _____

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.

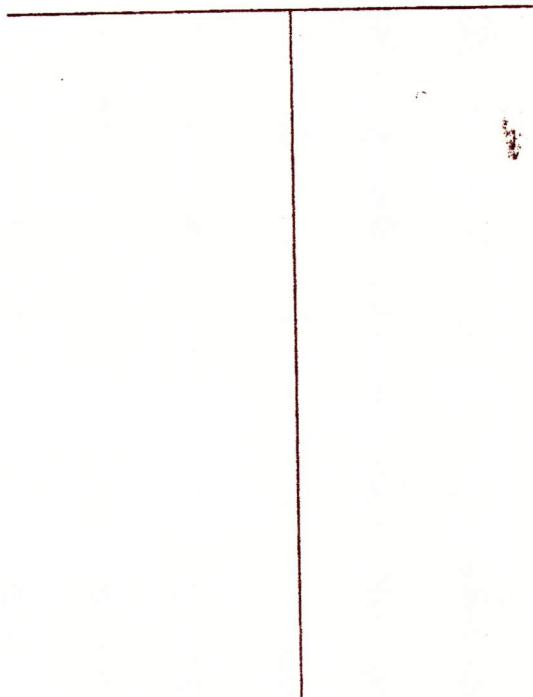
Print Name of Water Well Contractor and License No. McGill Pump & Well 0239 Signature of Water Well Contractor Michael McBride Sr.

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N-355

If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
MUD (orange)	0	60
SAND (white)	60	100
MUD (orange)	100	240
SAND (white)	240	260
MUD (blue)	260	450
SAND (blue)	450	500

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



Landowner Name: CHARLES MARSHALL

Michael Marshall Sr. 0239
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) 554-6938 (Fax)

For Office Use Only:

Aquifer: _____

Well #: N-355

Elevation: _____

Account: Arissa
 Permit #: 0239
 Well: McGill Pump & Well
 Date completed: 11/05/07

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>CHARLES MARSHALL</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>C/O Salvation Army</u>	Method of Lat/Long (circle one): <input checked="" type="radio"/> Conventional Survey
<u>ATTEN: CHASTITY RICHIE</u>	<input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Delite, MS</u>	<u>1/4</u> <u>4</u> <u>1/4</u> Sec <u>85</u> Twp <u>13</u> Rng <u>W</u>
City State Zip Code	Distance Direction Nearest Town
<u>601 266 5114</u>	<u>4</u> Miles <u>N</u> of <u>L.B.</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Jet <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill Other (specify): _____
Date Pump Installed: <u>11/05/07</u>	Horse Power Rating of Motor: <u>1</u>
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Setting Depth: <u>40</u> feet
	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11/05/07</u>	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input checked="" type="checkbox"/> Steel Tape
Static Water Level (A): <u>20</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>40</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown (B-A): <u>10</u> Feet Below Land Surface	Well yielded <u>12</u> GPM with a drawdown of
Test Pumping Rate: <u>10</u> Gallons Per Minute	<u>10</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 McGill Jr. 0239

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