

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: N 30.4
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Harrison
Permit #: 0239
Driller: McGill Pump & Well
Date drilling completed: 10-19-15

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.

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Harrison County Fire Dept Station 6</u> Mailing Address: <u>25242 Chevras Delisle</u> <u>Delisle MS 39571</u> City State Zip Code Telephone No. <u>(228) 255-2625</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>30° 22' 48.75" N</u> Longitude: <u>89° 15' 50.09" W</u></p> <p>Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u>, Survey-grade GPS</p> <p>USGS quad, <u>14 NW 3 Sec 22 Twn 85 Rng 13 W</u></p> <p>Distance Direction Nearest Town <u>1 Miles East of Delisle</u></p>
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Well / Borehole Data

Date drilling started: 10-17-15 Date drilling completed: 10-19-15 Hole depth: 540 Hole diameter: 4x2

Location of the source of any surface water used for drilling: well water

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 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: _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) BACK WASH

Static Water Level: 20 feet above or below (circle one) land surface Date measured: 10-19-15

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

Well depth: 540 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 520 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 520 feet to 540 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

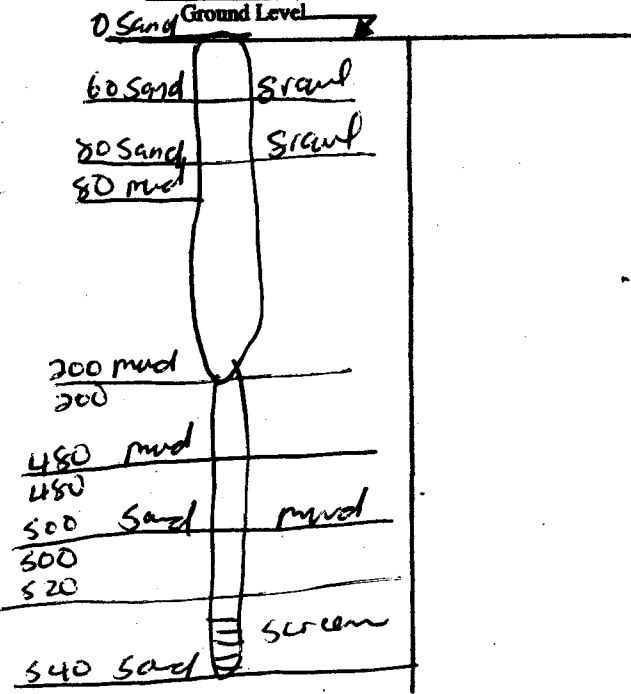
Top of lap pipe or reduction in casing: 200 feet. *If telescoped or more than one screen, describe on next page*

NOV 2 2015
BY: [signature]

The sketch below only required for water wells.

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations.

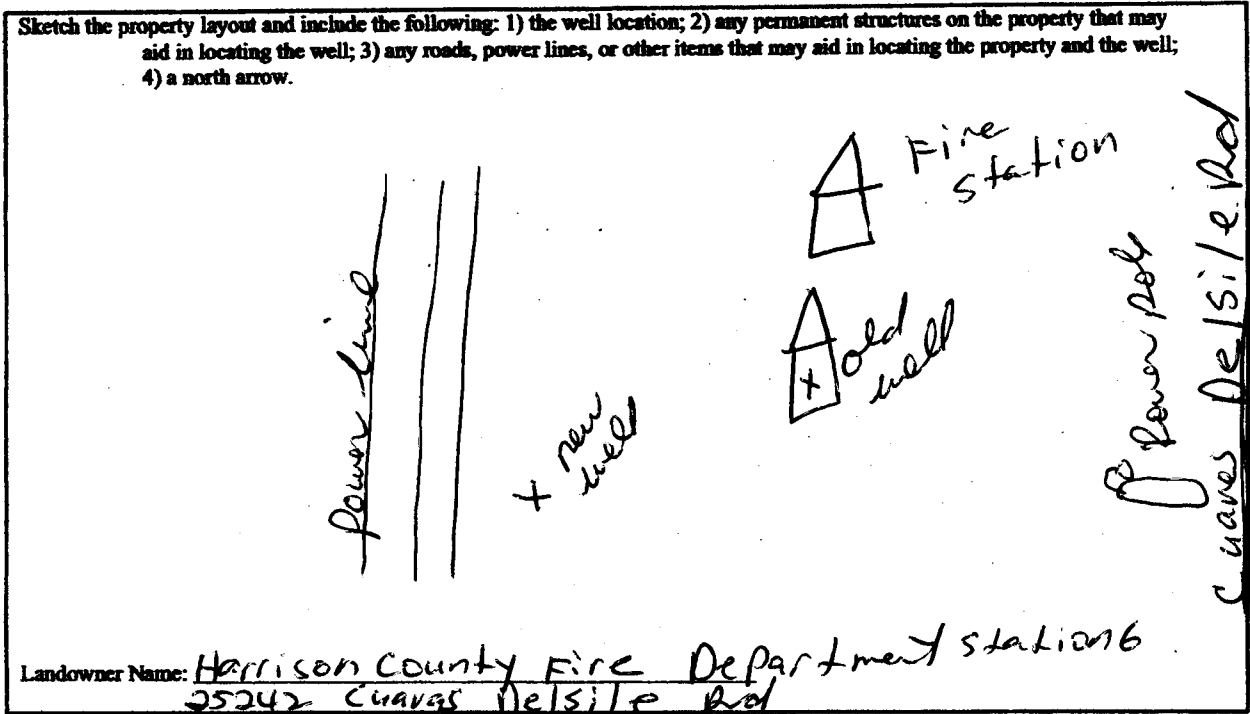
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	
Sand	0	60
Sand + gravel	60	80
mud	80	120
Sand / mud	180	520
Sand	500	540

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) a north arrow.



I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Michael McFall Sr # 0239 11/9/15

Signature of Licensee

NOV 19 2015

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: McGill Pumpwell
 Date completed: 10-19-15
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: N364
 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>Harrison county Fire Dept stations</u>	Latitude: <u>30° 22' 48.75"</u> Longitude: <u>89° 15' 50.09" W</u>
Mailing Address: <u>25242 Chevas Delisle</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Delisle</u> MS <u>39571</u>	Distance _____ Direction <u>E</u> Nearest Town <u>Delisle</u>
City State Zip Code	<u>1</u> Miles <u>E</u> of <u>Delisle</u>
Telephone No. <u>(228) 255-2625</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>1 h.p.</u>
Date Pump Installed: <u>10-19-15</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-19-15</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u>
Static Water Level (A): <u>10</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>50</u> Feet Below Land Surface	Well yielded <u>15</u> GPM with a drawdown of
Test Pumping Rate: <u>20</u> Gallons Per Minute	<u>5</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 0239 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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