

# 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)

County: Harrison  
 Permit #: 0239  
 Driller: McGill Pump & Well  
 Date drilling completed: 10-21-04

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: 0-377 047  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

**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>Michael COTT</u>            | Latitude: _____ Longitude: _____                                       |
| Mailing Address: <u>23311 Heritage Dr.</u> | Method of Lat/Long (circle one): Conventional Survey,                  |
| <u>P.C. MS.</u>                            | USGS quad, Hand-held GPS, Survey-grade GPS                             |
| City: _____ State: _____ Zip Code: _____   | <u>1/4</u> <u>1/4</u> Sec <u>8</u> Twn <u>85</u> Rng <u>12W</u>        |
| Telephone No. (____) _____                 | Distance _____ Miles _____ Direction _____ of _____ Nearest Town _____ |

**Well Data**

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

Date well drilling started: 10-20-04 Date well drilling completed: 10-21-04

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

Static Water Level: 10 feet above or below (circle one) land surface Date measured: 10-21-04

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

Hole depth: 460 Well depth: 460 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 440 feet Casing diameter: 2" inches Type of casing: PVC

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

Screen slot size: 0006 inches Setting depth: From 440 feet to 460 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): \_\_\_\_\_

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**BY: OLWF**

**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 McGee  
 Print Name of Water Well Contractor and License No. 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 #: 0-377  
 Elevation: \_\_\_\_\_

c47

County: Harrison  
 Permit #: 0239  
 Driller: McGill Pump & Well  
 Date completed: 10-21-04

**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>Michael Joff</u>            | Latitude: _____ Longitude: _____  |
| Mailing Address: <u>22371 Heritage Dr.</u> | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>P.C. Ms. 39571</u>                      | _____ 1/4 _____ 1/4 Sec <u>8</u> Twn <u>85</u> Rng <u>12 W</u>                                      |
| City State Zip Code                        | Distance Direction Nearest Town   |
| Telephone No. (____)                       | <u>2</u> Miles <u>W</u> of <u>P.C.</u>  |

| Pump Type<br>Circle one   | Power Type<br>Circle one   |
|---|--|
| Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible | Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas                        |
| Bucket <input type="radio"/> Piston <input type="radio"/> Turbine               | <input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO |
| Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well     | Windmill <input type="radio"/> Other (specify): _____  |
| Other (specify): _____  | Horse Power Rating of Motor: <u>1</u>  |
| Date Pump Installed: <u>10-21-04</u>  | Setting Depth: <u>40</u> feet  |
| Rated Pump Capacity: <u>12</u> Gallons Per Minute                               | Number of Stages: <u>2</u>   |

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| Pump Test Data   | Method of Measuring Water Level<br>Circle one  |
|--|--|
| Date Well Tested: <u>10-21-04</u>                          | Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> <input checked="" type="radio"/> Steel Tape |
| Static Water Level (A): <u>10</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>12</u> Gallons Per Minute            | <u>10</u> feet after <u>2</u> hours of pumping   |
| Duration of Pump Test (minimum 4 hours): <u>2</u> hours    |  |

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

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