

# 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)

County: Harrison  
Permit #: 0239  
Driller: McGill Pump & Well  
Date drilling completed: 04/26/06

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: Φ-380  
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>Long Bet. Yacht Club</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. B. 97</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>L.B.</u> <u>MS.</u> <u>39560</u>	<u>1/4</u> <u>1/4</u> Sec <u>13</u> Twn <u>85</u> Rng <u>13W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>Miles</u> of <u>DOWNTOWN L.B.</u>

Well Data

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

Date well drilling started: 04/25/06 Date well drilling completed: 04/26/06

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

Static Water Level: 20 feet above or below (circle one) land surface Date measured: 04/26/06

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

Hole depth: 520 Well depth: 520 Well grouted to a depth of 10

Type of grout (circle one): Cement Bentonite Mix

Casing length: 500 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 500 feet to 520 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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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

Φ - 380

If well telescopes please sketch below and show depths.

Ground Level

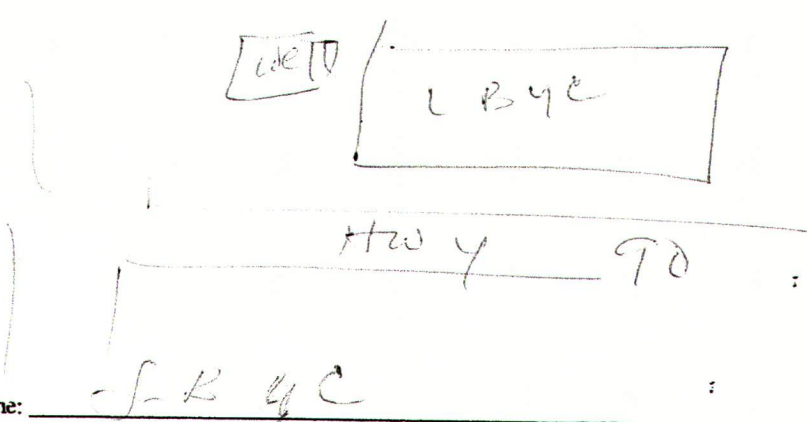
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Description of Formations Encountered	From	To
SAND	0	80
MUD	80	320
SAND	320	340
MUD	340	480
SAND	480	520

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.

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owner Name:

f-KYC

# 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 #: Φ-380

Elevation: \_\_\_\_\_

County: Harrison  
 Permit #: 0339  
 Installer: McGill Pump & Well  
 Date completed: 04/26/06

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: J.B.G.C.  
 Mailing Address: P.O. Box 97  
L.B. MS 39568  
 City State Zip Code

Phone No. ( ) \_\_\_\_\_

**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 13 Twn 85 Rng 13 W

Distance Direction Nearest Town

\_\_\_\_\_ Miles of Downtown L.B.

**Pump Type**  
Circle one

Lift  Jet  Submersible  
 Centrifugal  Piston  Turbine  
 Other (specify): \_\_\_\_\_  
 Rotary  Flowing Well

Pump Installed: 04/26/06  
 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: 1  
 Setting Depth: 40 feet  
 Number of Stages: 2

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**Pump Test Data**

Well Tested: 04/26/06  
 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.