

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 #: Φ-384
L. S. Elevation: _____
E-log #: _____

County: Harrison
Permit #: 0239
Driller: McGinn Pump & Well
Date drilling completed: 04/12/06

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>A.C. SPRATES</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>#4 Rue Orleans</u> <u>Belle Terre</u> <u>S.B. MS. 39507</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	_____ 1/4 _____ 1/4 Sec <u>8</u> Twn <u>85</u> Rng <u>12W</u>
Telephone No. (____) _____	Distance _____ Miles Direction <u>E</u> of Nearest Town <u>Pinetop</u>

Well Data

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

Date well drilling started: 04/10/06 Date well drilling completed: 04/12/06

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

Static Water Level: 20 feet above (below) (circle one) land surface Date measured: 04/12/06

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: 4x2 inches Type of casing: PVC

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

Screen slot size: 0026 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: 160 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.

McGinn Pump & Well 0239
Print Name of Water Well Contractor and License No.

Michael McGill Sr.
Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

Ground Level

100' = 4"
300' = 2"

Description of Formations Encountered	From	To
SAND	0	30
MUD	30	390
SAND	390	460

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.

The sketch shows a rectangular area representing a property. On the left side, there is a small square labeled 'Well'. To its right is a larger square with a triangle on top, representing a house, labeled 'House'. Below the well and house, there are several horizontal lines suggesting a road or power lines.

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Landowner Name: A.C. SPRULES

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 384

Elevation: _____

County: Harrison
 Permit #: 02339
 Installer: McGill Pump & Well
 Date completed: 04/12/06

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: A.C. SPROLES
 Mailing Address: #4 RUE ORLEANS
Belle Terre
R.B. MS. 39807
 City State Zip Code

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 8 Twn 85 Rng 12 W
 Distance Direction Nearest Town
1 Miles E of Pineville

Pump Type
Circle one

Lift Jet Submersible
 Rocket Piston Turbine
 Centrifugal Rotary Flowing Well

Power Type
Circle one

Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____

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Date Pump Installed: 04/12/06
 Rated Pump Capacity: 23 Gallons Per Minute

Horse Power Rating of Motor: 1 1/2
 Setting Depth: 80 feet
 Number of Stages: 8

Pump Test Data

Date Well Tested: 04/12/06
 Static Water Level (A): 20 Feet Below Land Surface
 Pumping Water Level (B): 80 Feet Below Land Surface
 Drawdown [(B) - (A)]: 15 Feet Below Land Surface
 Pumping Rate: 23 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 18 GPM with a drawdown of
15 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 McGill Sr.