

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 #: Q-394
L. S. Elevation: _____
E-log #: _____

County: Harrison
Permit #: 0239
Driller: McGill Pump & Well
Date drilling completed: 07/06/07

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>Thomas Jarue</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>22485 Freddie Frank</u>	Method of Lat/Long (circle one): Conventional Survey
City: <u>L.B.</u> State: <u>Ms.</u> Zip Code: <u>39520</u>	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No.: <u>N/A</u>	1/4 _____ 1/4 Sec <u>S</u> Twp <u>8S</u> Rng <u>12W</u>
	Distance _____ Direction _____ Nearest Town _____
	<u>5</u> Miles <u>W</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: 07/06/07 Date well drilling completed: 07/06/07

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

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

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

Hole depth: 660 Well depth: 660 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 640 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 640 feet to 660 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): _____

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

RECEIVED
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BY: OLWR

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 #: Q-394

Elevation: _____

County: Harrison
 Permit #: 0239
 Date: McCall Pumping Well
 Date completed: 07/06/07

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>Thomas Jarve</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>22485 Freddie Ford</u>	Method of Lat/Long (circle one): <input checked="" type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>LA.</u> <u>MS.</u> <u>39560</u>	<u>1/4</u> <u>1/4</u> Sec <u>5</u> Twn <u>8S</u> Rng <u>12W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No.: <u>N/A</u>	<u>5</u> Miles <u>W</u> of <u>LA.</u>

Pump Type Circle one	Power Type Circle one
<input checked="" type="radio"/> Jet <input type="radio"/> Submersible <input type="radio"/> Piston <input type="radio"/> Turbine <input type="radio"/> Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well Other (specify): _____	<input checked="" type="radio"/> Diesel Engine <input checked="" type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> Windmill Other (specify): _____
Date Pump Installed: <u>07/07/07</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>07/07/07</u>	<input type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input checked="" type="radio"/> 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>12</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 McBill Jr 0239

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