

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)

Our Office File #

Application: Q-395
Well #: Q-395
L.S. Elevation: _____
E-lev. ft: _____

Harrison
Well No: 02379
Well Name: McGill Pump Well
Date of completion: 12/14/07

Since 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
Name: <u>Joseph Lambert</u>	Latitude: _____ Longitude: _____
Address: <u>5550 Red Crk. Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
City: <u>P.C</u> State: <u>MS</u> Zip Code: <u>39571</u>	USGS quad: _____ Hand-held GPS: _____ Survey-grade GPS: _____
Telephone No: <u>N/A</u>	W: _____ S: <u>5</u> Twp: <u>8S</u> Rng: <u>12W</u>
	Distance: <u>5</u> Miles Direction: <u>W</u> of Nearest Town: <u>L.B.</u>

Well Data

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

Date well drilling started: 12/13/07 Date well drilling completed: 12/14/07

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

Static Water Level: 20 feet above or below (circle one) land surface Date measured: 11/14/07

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

Flow depth: 400 Well depth: 420 Well grouted to a depth of 10 feet

Type of grout (circle one): Concrete Bentonite Mix

Casing length: 410 feet Casing diameter: 4x2 inches Type of casing: PVC

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

Screen slot size: 1.0006 inches Setting depth: From 400 feet to 420 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: 140 feet If telescoped or more than one screen, describe on each of page _____

Log(s) (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.

Print Name of Water Well Contractor and License No. McGill Pump & Well 02379 Signature of Water Well Contractor Michael McGill

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Q-395

If well telescopes please sketch below and show depths.

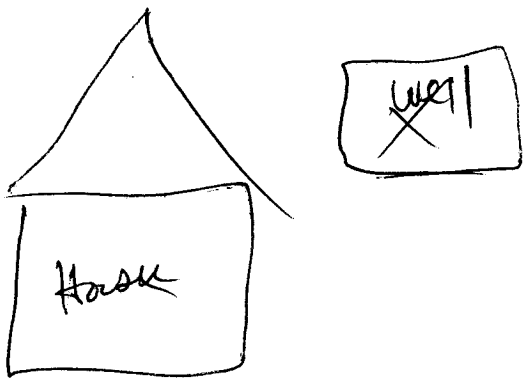
Ground Level

4" = 0 - 140
2" = 140 - 420

Description of Formations Encountered	From	To
Mud (Blue)	0	60
LOG	60	65
Mud (Blue)	65	200
SAND (Blue)	200	270
Mud (Blue)	270	390
SAND (Blue)	390	420

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.



Joseph Lambert
5550 (Red Ct. Rd)

Landowner Name: _____

Michael McGill Jr.

Signature of Water Well Contractor

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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) 961-3210
 (601) 354-6938 (Fax)

For Office Use Only:

Aquifer: _____

Well #: Q-395

Elevation: _____

County: Harrison
 Permit #: 0237
Well Pump & Well
 Date Installed: 12/14/07

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>Joseph Lambert</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>5550 Red Crk. Rd</u>	Method of Lat/Long (circle one): <input checked="" type="radio"/> Conventional Survey
<u>P.C. US 39571</u>	USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>1/4</u> <u>1/4</u> Sec <u>5</u> Twn <u>8S</u> Rng <u>12W</u>
Telephone No: <u>N/A</u>	Distance _____ Direction _____ Nearest Town _____
	<u>5</u> Miles <u>N</u> of <u>LB.</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Bucket <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>12/14/07</u> Rated Pump Capacity: <u>18</u> Gallons Per Minute	<input checked="" type="checkbox"/> Diesel Engine <input checked="" type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill Other (specify): _____ Horse Power Rating of Motor: <u>1</u> Setting Depth: <u>60</u> feet Number of Stages: <u>8</u>
<input checked="" type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input type="checkbox"/> Turbine <input type="checkbox"/> Flowing Well	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12/14/07</u>	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input checked="" type="checkbox"/> Steel Tape
Static Water Level (ft): <u>20</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (ft): <u>60</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown (ft): <u>20</u> Feet Below Land Surface	Well yielded <u>18</u> GPM with a drawdown of
Flow Pumping Rate: <u>18</u> Gallons Per Minute	<u>20</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.

McBil Pump & Well 0237

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