

Harrison

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)

For Office Use Only:

Aquifer: 40S
Well #: Q-512
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: _____
Driller: Coast Water Well SM
Date drilling completed: 5-9-06

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

Owner Name: Shawna McGee
Mailing Address: 22426 Fox Run Dr.
Pass Christian MS 39571
City State Zip Code
Telephone No. (228) 452-4460

Well Location 30-21-07 89-13-11
Latitude: ~~30-21-09~~ Longitude: ~~88-13-02~~
Method of Lat/Long (circle one): Conventional Survey,
USGS quad Hand-held GPS, Survey-grade GPS
Sec 5 6 8 8 Twn T S Rng R 12 W
NW NW Direction 17
Distance 2 Miles of N Nearest Town Pass Christian

Well Data

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

Date well drilling started: 5-9-06 Date well drilling completed: 5-9-06

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

Static Water Level: 35 feet above or below (circle one) land surface Date measured: 5-9-06

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

Hole depth: 609 Well depth: 609 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 594 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 15 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .008 inches Setting depth: From 594 feet to 609 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): NIA

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.

Jack Ridgell 0-472
Print Name of Water Well Contractor and License No.

Jack Ridgell
Signature of Water Well Contractor

RECEIVED
JUN 07 2006
BY: OLWR

STATE WELL REPORT

Harrison

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:

County: JACKSON
 Permit #: _____
 Driller: Coast Water Wells Sv.
 Date completed: 5-9-06

Aquifer: A05
 Well #: Q-512
 Elevation: _____

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>Shawna McGee</u>	Latitude: 30° 21' 09" N <u>30° 21' 07" N</u> Longitude: 089° 13' 07" W <u>89° 13' 11" W</u>
Mailing Address: <u>22426 Fox Run Dr.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>PassChristain MS 39571</u>	USGS quad (Hand-held GPS, Survey-grade GPS)
City State Zip Code	<u>Sec 8</u> Twn <u>T05</u> Rng <u>R12W</u>
Telephone No. <u>(601) 452-4460</u>	Distance Direction Nearest Town
	<u>2</u> Miles <u>N</u> of <u>PassChristain</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine 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 Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>5-10-06</u>	Setting Depth: <u>60 FT. Drop pipe</u> feet
Rated Pump Capacity: <u>8.5</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-10-06</u>	<input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>35</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface	Well yielded <u>8.5</u> GPM with a drawdown of
Test Pumping Rate: <u>8.5</u> Gallons Per Minute	<u>N/A</u> feet after <u>N/A</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>5</u> hours	

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

Johnny Elkins 0-716 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 JUN 07 2006
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