

JACKSON

County: HARRISON
 Permit #: 0239
 Driller: McGill Pump & Well
 Date drilling completed: 11-17-15

State Well Report
Part 1 - Driller's Log
 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 #: J610
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Clerman Jimerson</u> Mailing Address: <u>8512 Julia Dr</u> <u>Vancleave MS 39565</u> City State Zip Code Telephone No. <u>(228) 437-6092</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>30° 31' 43.88" N</u> Longitude: <u>88° 44' 24.21" W</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS <u>NW</u> <u>13</u> <u>8W</u> <u>1/4</u> <u>NE</u> <u>13</u> <u>65</u> <u>710</u> Sec <u>13</u> Twn <u>65</u> Rng <u>710</u> Distance Direction Nearest Town <u>3.7</u> Miles <u>west</u> of <u>Vancleave</u></p>
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Well / Borehole Data

Date drilling started: 11-16-15 Date drilling completed: 11-17-15 Hole depth: 500 Hole diameter: 4x2

Location of the source of any surface water used for drilling: Well water
 Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____
 Seismic Survey _____ Other (describe): _____

If drilling is not related to water well construction, skip the remainder of this block.

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

If a flowing well, method of flow regulation: Valve _____ Other (describe) Back wash

Static Water Level: 90 feet above or below (circle one) land surface Date measured: 11-18-15

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

Well depth: 500 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 480 feet Casing diameter: 4x2 inches Type of casing: PVC

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

Screen slot size: .006 inches Setting depth: From 480 feet to 500 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 next page.*

Jackson

STATE WELL REPORT

County: HARRISON
 Permit #: 0239
 Driller: McBill Pump & Well
 Date completed: 11-17-15
 Copy information from block on Part I

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)

Per Office Use Only:
 Aquifer: _____
 Well #: 5W10
 Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>C. Leon Jimerson</u>	Latitude: <u>30° 31' 43.88"</u> Longitude: <u>88° 44' 24.21"</u>
Mailing Address: <u>8512 Julia Dr</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>VanClrave MS 39565</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>K15 T6S R 7W</u>
Telephone No. <u>(228) 437-6092</u>	Distance Direction Nearest Town
	<u>3.7 Miles west of VanClrave</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>11-18-15</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-18-15</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u>
Static Water Level (A): <u>90</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>140</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>45</u> GPM with a drawdown of
Test Pumping Rate: <u>25</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 McMill #0234
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

JAN 08 2016

