

McIlum  
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: \_\_\_\_\_  
Well #: Q-138  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: WASHINGTON  
Permit #: GW-41241  
Driller: JOHN NEWLOME 0-773  
Date drilling completed: 6-15-06

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>MARY HELEN McILUM</u>	Latitude: <u>33° 10' 35"</u> Longitude: <u>090° 45' 13"</u>
Mailing Address: <u>110 MAYE ST.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>SENATORIA, MS. 38668</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 6 Twn 15N Rng 5W</u>
Telephone No. <u>662 382-9028</u>	Distance Direction Nearest Town
	<u>6 Miles EAST of Hollendale</u>

Well Data

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

Date well drilling started: 6-15-06 Date well drilling completed: 6-15-06

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

Static Water Level: 22 feet above or below (circle one) land surface Date measured: 6-15-06

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

Hole depth: 98 Well depth: 95 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 54 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 050 inches Setting depth: From 45-65 feet to 75-95 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.

JOHN NEWLOME 0-773  
Print Name of Water Well Contractor and License No.

John Dewane  
Signature of Water Well Contractor

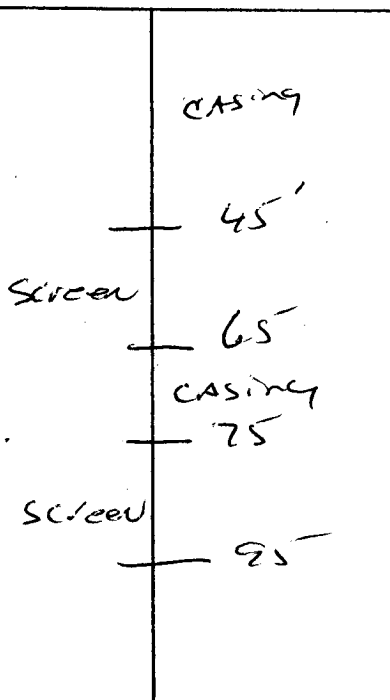
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BY: OLWR

If well telescopes please sketch below and show depths.

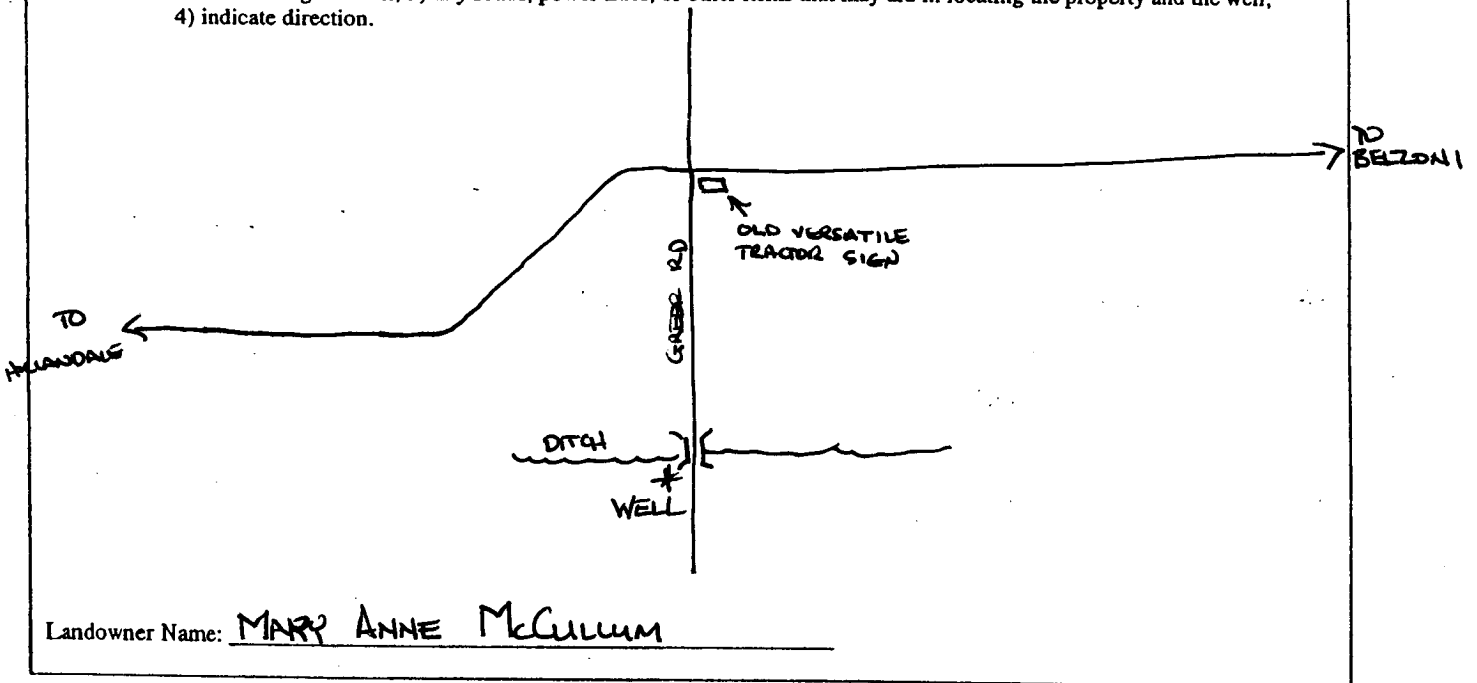
Ground Level



Description of Formations Encountered	From	To
TOP SOIL	0	10
MIX CLAY	10	28
FINE SAND	28	45
COARSE SAND GRAVEL	45	65
FINE SAND	65	75
COARSE SAND - GRAVEL	75	95
GRAVEL	95	98

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.



*[Signature]*  
 Signature of Water Well Contractor

# 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)

County: WASHINGTON  
Permit #: GW-41241  
Driller: JOHN NEWCOMBS 0-773  
Date completed: 6-15-04

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: Q-138  
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**

Owner Name: MARY HELEN McCOLLUM  
Mailing Address: 110 MAYE ST.  
SENATORIA, MS. 38668  
City State Zip Code  
Telephone No: 662-382-9028

**Well Location**

Latitude: 33-10-35 Longitude: 89-45-13  
Method of Lat/Long (circle one):  Conventional Survey,  
 USGS quad,  Hand-held GPS,  Survey-grade GPS  
NE 1/4 SW 1/4 Sec 6 Twn 15N Rng 5W  
Distance Direction Nearest Town  
6 Miles EAST of HOLLANDALE

**Pump Type**  
Circle one

Air Lift Jet Submersible  
Bucket Piston  Turbine  
Centrifugal Rotary Flowing Well  
Other (specify): \_\_\_\_\_  
Date Pump Installed: 6-20-06  
Rated Pump Capacity: 3000 Gallons Per Minute

**Power Type**  
Circle one

Diesel Engine Gasoline Engine Natural Gas  
 Electric Motor Hand Tractor PTO  
Windmill Other (specify): \_\_\_\_\_  
Horse Power Rating of Motor: 600  
Setting Depth: 70 feet  
Number of Stages: 1-14PK

**Pump Test Data**

Date Well Tested: \_\_\_\_\_  
Static Water Level (A): \_\_\_\_\_ Feet Below Land Surface  
Pumping Water Level (B): \_\_\_\_\_ Feet Below Land Surface  
Drawdown [(B) - (A)]: NO TEST Feet Below Land Surface  
Test Pumping Rate: \_\_\_\_\_ Gallons Per Minute  
Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ 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 \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

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

GLEN ROWE #710-P \_\_\_\_\_  
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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