

# 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 #: M-99  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Forrest  
Permit #: \_\_\_\_\_  
Driller: Michael S. Havard  
Date drilling completed: 05-30-06

**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>Tony Brooks</u>             | Latitude: <u>30° 56' 07"</u> Longitude: <u>89° 33' 51"</u>                  |
| Mailing Address: <u>3 Mitchell Lee Rd</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u>                 |
| <u>Lumberton MS 39455</u>                 | USGS quad, Hand-held GPS, Survey-grade GPS                                  |
| City State Zip Code                       | <u>NW 1/4 NW 1/4 Sec 15 Twn T15 Rng R13W</u>                                |
| Telephone No. <u>(601) 928-2949</u>       | Distance Direction Nearest Town<br><u>2</u> Miles <u>S</u> of <u>Carnes</u> |

**Well Data**

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

Date well drilling started: 05-30-06 Date well drilling completed: 05-30-06

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

Static Water Level: 25 feet above or below (circle one) land surface Date measured: 05-30-06

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

Hole depth: 37 Well depth: 37 Well grouted to a depth of 12 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 32 feet Casing diameter: 2 inches Type of casing: PVC 540

Screen length: 5 feet Screen diameter: 2 inches Type of screen: WOP PVC

Screen slot size: .006 inches Setting depth: From 32 feet to 37 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.**

Michael S. Havard 0-673  
Print Name of Water Well Contractor and License No.

[Signature]  
Signature of Water Well Contractor

**RECEIVED**  
**JUN 22 2006**  
**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)

County: Forest  
Permit #: \_\_\_\_\_  
Driller: Michael S. Harvard  
Date completed: 05-31-06

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: M-99  
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>Tony Brooks</u>         | Latitude: <u>N 30° 56.00</u> Longitude: <u>W 88° 53.51</u>  |
| Mailing Address: <u>3 Mitchell Lee</u> | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Lumberton MS 39455</u>              | <u>1/4</u> <u>1/4</u> Sec <u>15</u> Twn <u>T15</u> Rng <u>R13W</u>                                  |
| City State Zip Code                    | Distance Direction Nearest Town   |
| Telephone No. (601) <u>928-2949</u>    | <u>2</u> Miles <u>S</u> of <u>Carnes</u>  |

| Pump Type<br>Circle one                                   | Power Type<br>Circle one   |
|---|--|
| Air Lift <input checked="" type="radio"/> Jet Submersible | Diesel Engine Gasoline Engine Natural Gas                        |
| Bucket Piston Turbine                                     | <input checked="" type="radio"/> Electric Motor Hand Tractor PTO |
| Centrifugal Rotary Flowing Well                           | Windmill Other (specify): _____                                  |
| Other (specify): _____                                    | Horse Power Rating of Motor: <u>1</u>                            |
| Date Pump Installed: <u>05-31-06</u>                      | Setting Depth: <u>30</u> feet                                    |
| Rated Pump Capacity: <u>10</u> Gallons Per Minute         | Number of Stages: <u>2</u>                                       |

| Pump Test Data   | Method of Measuring Water Level<br>Circle one                                |
|--|--|
| Date Well Tested: <u>05-31-06</u>                          | <input checked="" type="radio"/> Air Line Electric Measuring Line Steel Tape |
| Static Water Level (A): <u>25</u> Feet Below Land Surface  | Other (specify): _____   |
| Pumping Water Level (B): <u>30</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet                          |
| Drawdown [(B) - (A)]: <u>5</u> Feet Below Land Surface     | Well yielded <u>8</u> GPM with a drawdown of                                 |
| Test Pumping Rate: <u>8</u> Gallons Per Minute             | <u>5</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 S. Harvard 0-673 [Signature]  
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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JUN 22 2006  
BY: OLWR