

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 #: B-68
L. S. Elevation: _____
E-log #: _____

County: George
Permit #: _____
Driller: Michael S. Howard
Date drilling completed: 9-23-05

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>Bill Welford</u>	Latitude: <u>30° 56' 53"</u> Longitude: <u>88° 43' 65"</u>
Mailing Address: <u>5115 HWY 63-N</u>	Method of Lat/Long (circle one): Conventional Survey, ³² _____ ³⁹ _____
<u>HWY 63-N</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <input checked="" type="checkbox"/>
<u>Lucedale MS 39452</u>	<u>1R</u> 1/4 <u>NW</u> 1/4 Sec <u>40</u> ✓ TwN <u>71S</u> ✓ Rng <u>R9W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 947-9989</u>	_____ Miles _____ of _____

Well Data

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

Date well drilling started: 9-19-05 Date well drilling completed: 9-23-05

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

Static Water Level: 0 feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 500 Well depth: 0 Well grouted to a depth of 80 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 0 feet Casing diameter: 0 inches Type of casing: 0

Screen length: 0 feet Screen diameter: 0 inches Type of screen: 0

Screen slot size: 0 inches Setting depth: From 0 feet to 0 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. Howard 0-673
Print Name of Water Well Contractor and License No.

[Signature]
Signature of Water Well Contractor

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B-68

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Topsand	0	5
Clay	5	53
silt	53	75
Clay	75	156
silt	156	163
Clay	163	178
Gravel	178	185
Clay	185	236
silt	236	242
Clay	242	255
Sand (fine)	255	262
Clay	262	283
sand (fine)	283	285
silt	285	290
Clay	290	305
Sand, fine-med	305	308
Clay	308	326
silt	326	363
sand (med)	363	365
Clay	365	393
silt	393	410
Clay	410	483
silt	483	495
Clay	495	500

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.

Landowner Name: Bill Welford

[Signature]
 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)961-5210
 (601)354-6938 (fax)

County: Stone
 Permit #: _____
 Driller: Michael S. Howard
 Date completed: 9-23-05

For Office Use Only:

Aquifer: _____
 Well #: B-68
 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>Bill Welford</u>	Latitude: <u>N30°56.533</u> Longitude: <u>W88°43.618</u>
Mailing Address: <u>5115 HWY 63-N</u> <u>HWY 63-N</u> <u>Lucedale MS 39452</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS _____ ¼ _____ ¼ Sec <u>40</u> Twn <u>T1S</u> Rng <u>R2W</u>
Telephone No. (<u>601</u>) <u>947-9989</u>	Distance Direction Nearest Town <u>4</u> Miles <u>N</u> of <u>Central</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): <u>none</u>
Other (specify): <u>test hole</u>	Horse Power Rating of Motor: <u>0</u>
Date Pump Installed: <u>not installed</u>	Setting Depth: <u>0</u> feet
Rated Pump Capacity: <u>0</u> Gallons Per Minute	Number of Stages: <u>0</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>not tested</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>0</u> Feet Below Land Surface	Other (specify): <u>no water level</u>
Pumping Water Level (B): <u>0</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>0</u> Feet Below Land Surface	Well yielded <u>0</u> GPM with a drawdown of
Test Pumping Rate: <u>0</u> Gallons Per Minute	<u>0</u> feet after <u>0</u> hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Michael S. Howard 0-673 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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