

**State Well Report  
Part I**

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: George  
 Permit #: \_\_\_\_\_  
 Driller: Mik & Wade  
 Date drilling completed: 3-5-07

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: B-77  
 L. S. Elevation: \_\_\_\_\_  
 B-log #: \_\_\_\_\_

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>Phillip Howard</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>122 Kalmier Dr</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Lucedale Ms 39452</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>14</u> <u>14</u> Sec <u>4</u> Twp <u>T15</u> Rng <u>R7W</u>
Telephone No. _____	Distance Direction Nearest Town
	<u>5</u> Miles <u>NW</u> of <u>Lucedale</u>

**Well Data**

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

Date well drilling started: 3-1-07 Date well drilling completed: 3-1-07

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

Static Water Level: 10 feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Hole depth: 28 Well depth: 28 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 23 feet Casing diameter: 2 inches Type of casing: PVC 40

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

Screen slot size: 8 inches Setting depth: From 23 feet to 28 feet

Type of completion (circle all applicable): Gravel packed Underdrained Telescoped Open hole Natural Development

Other (describe): \_\_\_\_\_

Top of log 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 logs: \_\_\_\_\_

I certify that this 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 R Fry Page 10408 Michael R Fry  
 Print Name of Water Well Contractor and License No. 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 10681  
 Jackson, MS 39288-0681  
 (601)261-3210  
 (800)254-0228 (toll)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: B-77

Stratum: \_\_\_\_\_

County: Dezry

Permit #: \_\_\_\_\_

Driller: Mike Howard

Date completed: 3-5-07

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: Phillip Howard

Mailing Address: 122 Kalhoun Dr

Lucedale Ms 39452  
 City State Zip Code

Telephone No. ( ) \_\_\_\_\_

### Well Location

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Method of Lat/Long (circle one): Conventional Survey

USGS quad, Hand-held GPS, Survey-grade GPS

\_\_\_\_\_ 14 \_\_\_\_\_ 14 Sec 4 Twa T15 Rg R7W

Distance Direction Nearest Town

5 miles NW of Lucedale

### Pump Type Circle one

Air Lift  Jet  Submersible  
 Bucket  Piston  Turbine  
 Centrifugal  Rotary  Flowing Well

Other (specify): \_\_\_\_\_

Date Pump Installed: 3-5-07

Rated Pump Capacity: 6-9 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: 1/2

Setting Depth: 2.5 feet

Number of Stages: 1

### Pump Test Data

Date Well Tested: \_\_\_\_\_

Static Water Level (A): 10 Feet Below Land Surface

Pumping Water Level (B): 20 Feet Below Land Surface

Drawdown (B) - (A): 10 Feet Below Land Surface

Test Pumping Rate: 6 Gallons Per Minute

Duration of Pump Test (minimum 4 hours): 4 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 6 GPM with a drawdown of

10 feet after 1 1/2 hours of pumping

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

Michael R. Frye Page 1 of 408  
 Print Name of Pump Installer and License No. (if applicable)

Michael R. Frye Page 1 of 408  
 Signature of Pump Installer

APR 27 2007  
 BY: OLIVER

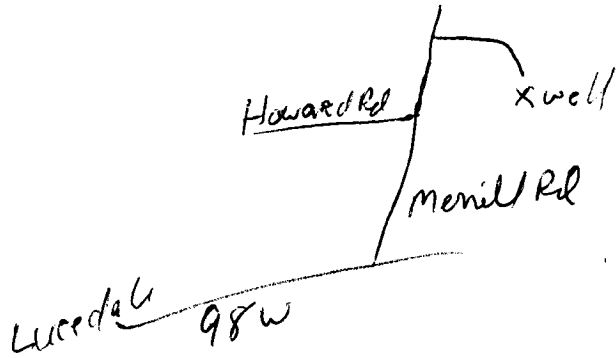
B-77

Ground Level

Description of Formation	0	2
Clay	2	12
sand	12	15
Clay	15	28

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.



Property Owner Name: Phillip Howard

Michael R. Truffolo 0408  
 Signature of Water Well Contractor

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