

Harvard Drilling Co.

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 #: C-106
L. S. Elevation:
E-log #:

County: George
Permit #:
Driller: Michael S. Harvard
Date drilling completed: 8-18-04

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: W.C. Shepherd, 101 Day Rd, Lucedale MS 39452, (601) 947-9932
Well Location: Latitude: 30° 57' 18.8", Longitude: 88° 34' 56.8", Method of Lat/Long: Conventional Survey, USGS quad: hand-held GPS, NE 1/4 NW 1/4 Sec 22, Twn T15, Rng R6W, Distance: 1 Miles, Direction: NE, Nearest Town: Lucedale

Well Data: Purpose of Well: Home, Date well drilling started: 8-16-04, Date well drilling completed: 8-18-04, Static Water Level: 125 feet above or below land surface, Date measured: 8-26-04, Method of Measurement: air line, Hole depth: 361 ft, Well depth: 361 ft, Well grouted to a depth of 18 feet, Type of grout: Mix, Casing length: 351 feet, Casing diameter: 4 inches, Type of casing: PVC 540 BE, Screen length: 10 feet, Screen diameter: 4 inches, Type of screen: WOP 540 PVC, Screen slot size: .006 inches, Setting depth: From 351 feet to 361 feet, Type of completion: Gravel packed, Top of lap pipe or reduction in casing: 0 feet, Logs run: No log run

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. Harvard 0-673
Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

Ground Level

C-106

Description of Formations Encountered		From	To
Topsand	Red	3	0
silt	Red	3	5
Sand, fine	Red	3	12
Sand, fine to med	Red	3	25
Clay	brown	5	32
Sand, med	brown	3	35
Clay	brown	5	73
Clay	Blue	5	91
silt	Blue	3	163
Clay	Blue	7	181
Clay	Blue	5	196
Sand, fine to med	Blue	3	243
Clay	Blue	5	248
silt	Blue	3	267
Sand, fine to med	Blue	3	285
silt, f	Blue	3	289
Sand, fine to med	Blue	3	295
Clay	Blue	5	299
Sand, fine to med	Blue	3	315
silt	Blue	3	318
Clay	Blue	5	335
Sand, med	Blue	3	348

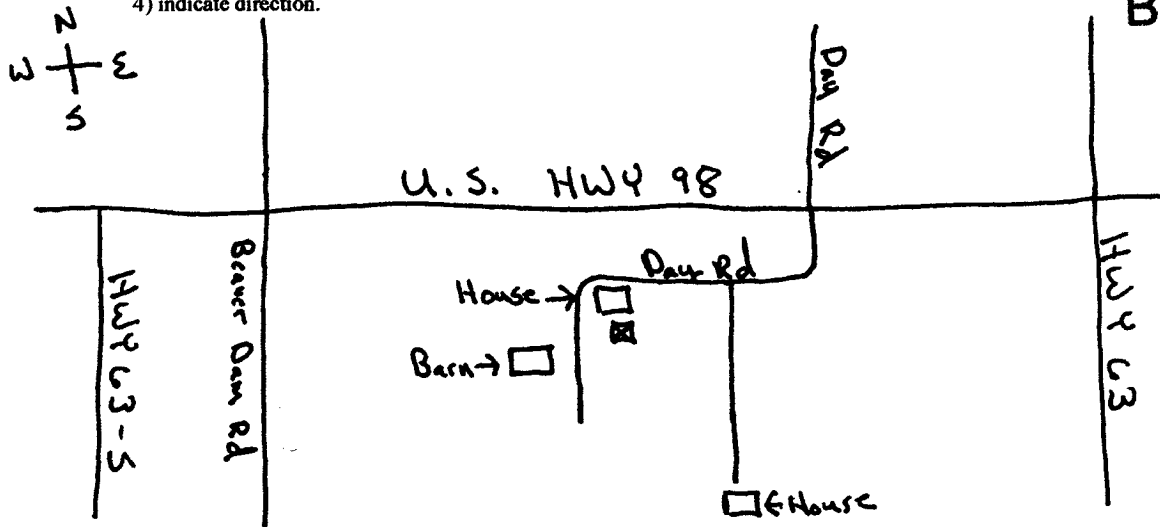
If more than one screen, show location of each on sketch

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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.

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Landowner Name: W.C. Shepherd

*Michael D. Hill*  
 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: George  
 Permit #: \_\_\_\_\_  
 Driller: Michaels. Howard  
 Date completed: 8-26-04

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: C-106  
 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>W.C. Shepherd</u>	Latitude: <u>30°57.188</u> Longitude: <u>88°34.668</u>
Mailing Address: _____ <u>101 Day Rd</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 _____ 1/4 _____ 1/4 Sec <u>22</u> Twn <u>T15</u> Rng <u>R6W</u>
Telephone No. (601) <u>947-9932</u>	Distance Direction Nearest Town <u>1</u> Miles <u>NE</u> of <u>Lucedale</u>

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Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2</u>
Date Pump Installed: <u>8-26-04</u>	Setting Depth: <u>180</u> feet
Rated Pump Capacity: <u>19</u> Gallons Per Minute	Number of Stages: <u>16</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-26-04</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>125</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>15</u> Feet Below Land Surface	Well yielded <u>27</u> GPM with a drawdown of
Test Pumping Rate: <u>27</u> Gallons Per Minute	<u>15</u> feet after <u>5</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>5</u> hours	

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

Michaels. Howard \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer