

# 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)

County: George  
Permit #: \_\_\_\_\_  
Driller: Michael S. Howard  
Date drilling completed: 05-31-07

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: C-133  
L. S. Elevation: \_\_\_\_\_  
E-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>Daniel Day</u>	Latitude: <u>30° 58' 54"</u> Longitude: <u>88° 34' 40"</u>
Mailing Address: <u>181 James Day Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Lucedale</u> MS <u>39452</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SE</u> ¼ <u>NE</u> ¼ Sec <u>10</u> ✓ Twn <u>T15</u> ✓ Rng <u>R6W</u>
Telephone No. <u>(601) 508-5251</u>	Distance Direction Nearest Town
	<u>1</u> Miles <u>N</u> of <u>Lucedale</u>

**Well Data**

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

Date well drilling started: 5-31-07 Date well drilling completed: 5-31-07

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

Static Water Level: 61 feet above or below (circle one) land surface Date measured: 06-04-07

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

Hole depth: 83 Well depth: 83 Well grouted to a depth of 12 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 73 feet Casing diameter: 4 inches Type of casing: PUC S40

Screen length: 10 feet Screen diameter: 4 inches Type of screen: WOP PUC

Screen slot size: .010 inches Setting depth: From 73 feet to 83 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.

Michael S. Howard  
Signature of Water Well Contractor

RECEIVED  
JUN 18 2007  
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: George  
 Permit #: \_\_\_\_\_  
 Driller: Michael S. Howard  
 Date completed: 06-04-07

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: C-133  
 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>Daniel Day</u>	Latitude: <u>N30°58.54</u> Longitude: <u>W88°31.66</u>
Mailing Address: <u>181 James Day</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Lucedale</u> MS <u>39452</u> City State Zip Code	____ 1/4 ____ 1/4 Sec <u>10</u> Twn <u>T15</u> Rng <u>R14</u>
Telephone No. <u>(601) 508-5251</u>	Distance Direction Nearest Town <u>1</u> Miles <u>N</u> of <u>Lucedale</u>

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>1</u>
Date Pump Installed: <u>06-04-07</u>	Setting Depth: <u>82</u> feet
Rated Pump Capacity: <u>19</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>06-04-07</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>61</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>70</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>9</u> Feet Below Land Surface	Well yielded <u>28</u> GPM with a drawdown of
Test Pumping Rate: <u>28</u> Gallons Per Minute	<u>9</u> feet after <u>4.5</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4.5</u> 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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 JUN 18 2007  
 BY: OLWR