	State W	ell Report		
County: George	P	Part 1	For Office Use Only:	
County.	Mississippi Departmen	nt of Environmental Quality	Aquifer:	
Permit #:		and Water Resources	Aquifer:	
Driller: Michael S. Havard			Well#:	
_		1S 39289-0631	L. S. Elevation:	
Date drilling completed: つうーンソーる「)	. ,	961-5210		
	(601)354-6		E-log #:	
State Law requires that this repo 30 days of completion of drilling			_	
Well Owner Information		Well	Location	
Owner Name Terry Bell		Latitude: 30 ° 59 '38	" Longitude: 88 ° 35 '98 "	
Mailing Address: 121 Darothy's Lane		Method of Lat/Long (circle or	ne): Conventional Survey,	
		-	GPS Survey-grade GPS	
Lucaldo Ma	39452	NE 14 SE 14 Sec 5	Twn TIS Rng RGW	
City State	e Zip Code	Distance Direction	Nearest/Town	
Telephone No. (228) 218 - 0474		Miles N	of <u>Cucedale</u>	
	¥¥7 11 3			
Well Data				
Purpose of Well (circle one) Industrial Public Supply Irrigation Fish Culture Other:				
Date well drilling started: 07-24-07  Date well drilling completed: 07-24-07				
If flowing, method of flow regulation: Valve Other (describe)				
Static Water Level: 123feet above or below (circle one) land surface Date measured: <u>07-30-87</u>				
Method of Measurement (circle one) atcel tape electric tape air line other:				
Hole depth: 228 Well depth: 228 Well grouted to a depth of 18 feet				
Type of grout (circle one): Cement Bentonite Mix				
Casing length: 218 feet Casing diameter: 2 inches Type of casing: Puc 540 BE				
Screen length: 10 feet Screen diameter: 2 inches Type of screen: W6P PVC				
Screen slot size: 1068 inches Setting depth: From 218 feet to 228 feet				
Type of completion (circle all applicable): Ofavel 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:				

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.

0-673

Name of organization running log(s):

Print Name of Water Well Contractor and License No.

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Signature of Water Well Contractor

AUG 13 2007

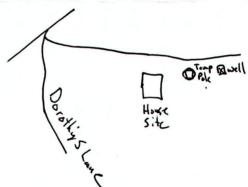
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Top-Sand	0	8
Clayd	8	12
Sand	15	47
Clay	47	64
Clay-	44	178
5:14	178	184
Clay	184	205
Sand (med)	205	230
		-

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 th	at may
aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and t	ne well;
4) indicate direction	



Landowner Name: Terry Bell

Signature of Water Well Contractor

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BY: OLWR

## STATE WELL REPORT

## Part 2

## **Pump Installer's Completion Report**

County: George

Permit #:

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210

For Office Use Only:		
Aquifer:		
Well #:	C-137	
Elevation:		

	01)961-5210 354-6938 (fax) 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: Terry Bell	Latitude: N30° 59.38 Longitude: 88° 35.90			
Mailing Address: 121 Dorothy's Bell	Method of Lat/Long (circle one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
City State Zip Code	¼¼ Sec_5 Twn_T/S Rng R4ω			
	Distance Direction Nearest Town			
Telephone No. ( <u>228</u> ) <u>218</u> - Ος?ς	_ 6 Miles N of Lucidale			
Pump Type	Power Type			
Circle one	Circle one			
Air Lift Submersible	Diesel Engine Gasoline Engine Natural Gas			
Bucket Piston Turbine	Electric Motor Hand Tractor PTO			
Centrifugal Rotary Flowing Well	Windmill Other (specify):			
Other (specify):	Horse Power Rating of Motor: 2 HP			
Date Pump Installed: 7 - 30 - 07	Setting Depth:feet			
Rated Pump Capacity: Gallons Per Minute	Number of Stages:3			
Pump Test Data	Method of Measuring Water Level			
Date Well Tested: 7-30-87	Circle one			
Static Water Level (A): 123 Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape			
Pumping Water Level (B): 130 Feet Below Land Surface	Other (specify):			
Drawdown [(B) – (A)]: Feet Below Land Surface	For flowing well, measured shut in head:feet			
Test Pumping Rate: Gallons Per Minute	Well yielded GPM with a drawdown of			
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping			
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  M: chac S. Haya O - 673  Print Name of Pump Installer and License No. (if applicable)  Signature of Pump Installer				

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AUG 13 2007

BY: OLWR