

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. Harvard
Date drilling completed: 11-01-04

For Office Use Only:
Aquifer:
Well #: D-77
L. S. Elevation:
E-log #:

Harvard Drilling Company

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>Clyde Young</u>	Latitude: 31° 00' 52" Longitude: 88° 25' 52"
Mailing Address: <u>166 Youngs Weck Rd</u> <u>Lucedale MS 39452</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, <u>38</u> USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>1R 1/4 1R 1/4 Sec 6 Twn T15 Rng R4W</u>
Telephone No. ()	Distance Direction Nearest Town <u>4</u> Miles <u>NE</u> of <u>Rocky Creek</u>

Well Data

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

Date well drilling started: 11-01-04 Date well drilling completed: 11-01-04

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

Static Water Level: 21 feet above or below (circle one) land surface Date measured: 11-01-04

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

Hole depth: 153 Well depth: 153 Well grouted to a depth of 16 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 143 feet Casing diameter: 2 inches Type of casing: 540 PVC

Screen length: 10 feet Screen diameter: 2 inches Type of screen: WOP

Screen slot size: .006 inches Setting depth: From 143 feet to 153 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. Harvard 0-673 _____
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

Ground Level ^D 0-77

Description of Formations Encountered	From	To
Topsand	0	3
Clay	3	12
silt	12	15
Clay	15	55
Clay	55	105
Sand, fine to med	105	108
Clay	108	137
Sand, med	137	153

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: Clyde Young

Michael S. Hall
Signature of Water Well Contractor

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STATE WELL REPORT

Part 2

County: George
 Permit #: _____
 Driller: Michael S. Harvard
 Date completed: _____

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)

For Office Use Only:

Aquifer: _____
 Well #: D-77
 Elevation: _____

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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>Clyde Young</u>	Latitude: <u>30° 00.52</u> Longitude: <u>88° 25.52</u>
Mailing Address: _____ <u>166 Youngs Weck 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 ____ ¼ ____ ¼ Sec <u>6</u> Twn <u>T1S</u> Rng <u>R6W</u>
Telephone No. (____) _____	Distance Direction Nearest Town <u>4</u> Miles <u>WE</u> of <u>Rocky Creek</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Submersible	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>11-01-04</u>	Setting Depth: <u>40</u> feet
Rated Pump Capacity: <u>7</u> Gallons Per Minute	Number of Stages: <u>2</u>

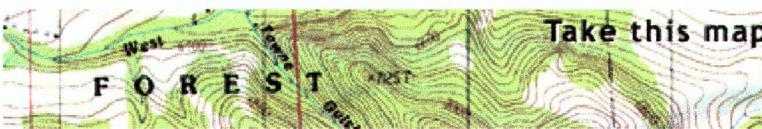
Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-01-04</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>21</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>35</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>14</u> Feet Below Land Surface	Well yielded <u>15</u> GPM with a drawdown of
Test Pumping Rate: <u>15</u> Gallons Per Minute	<u>14</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. Harvard 0-693 Michael S. Harvard
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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Map/Photo Info

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31° 00' 52"N, 88° 25' 52"W (WGS84)

USGS **Brown Town** Quad

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USGS Topo Maps

1:24K/25K Series

1:100K Series

1:250K Series

Map Size

Small

Medium

Large

View Scale

1 : 50,000

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Coordinate Format

D/M/S

Coordinate Datum

WGS84/NAD83

Show target

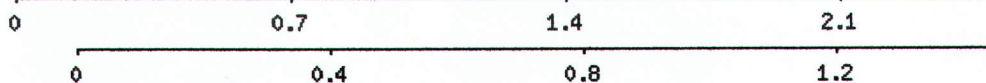
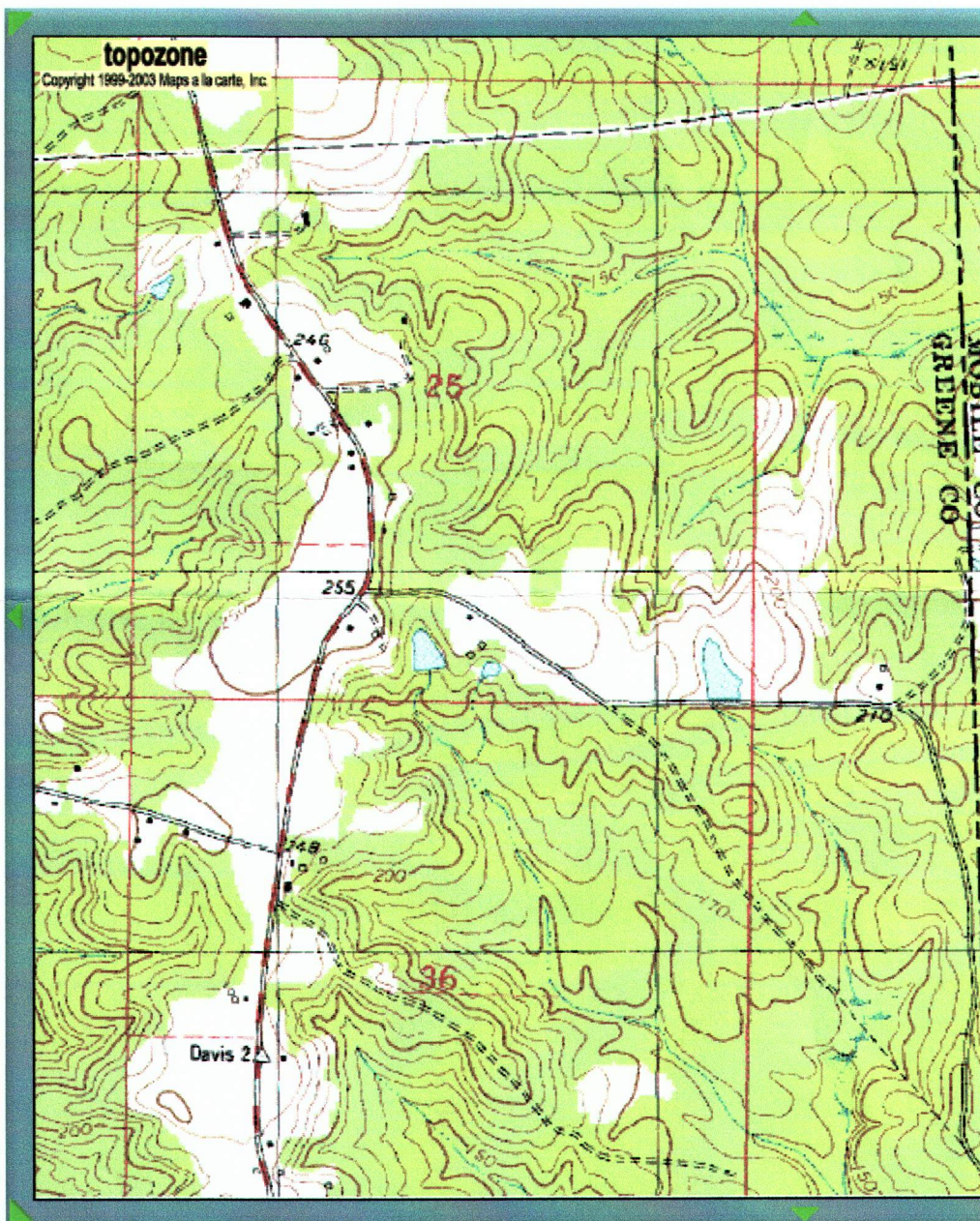
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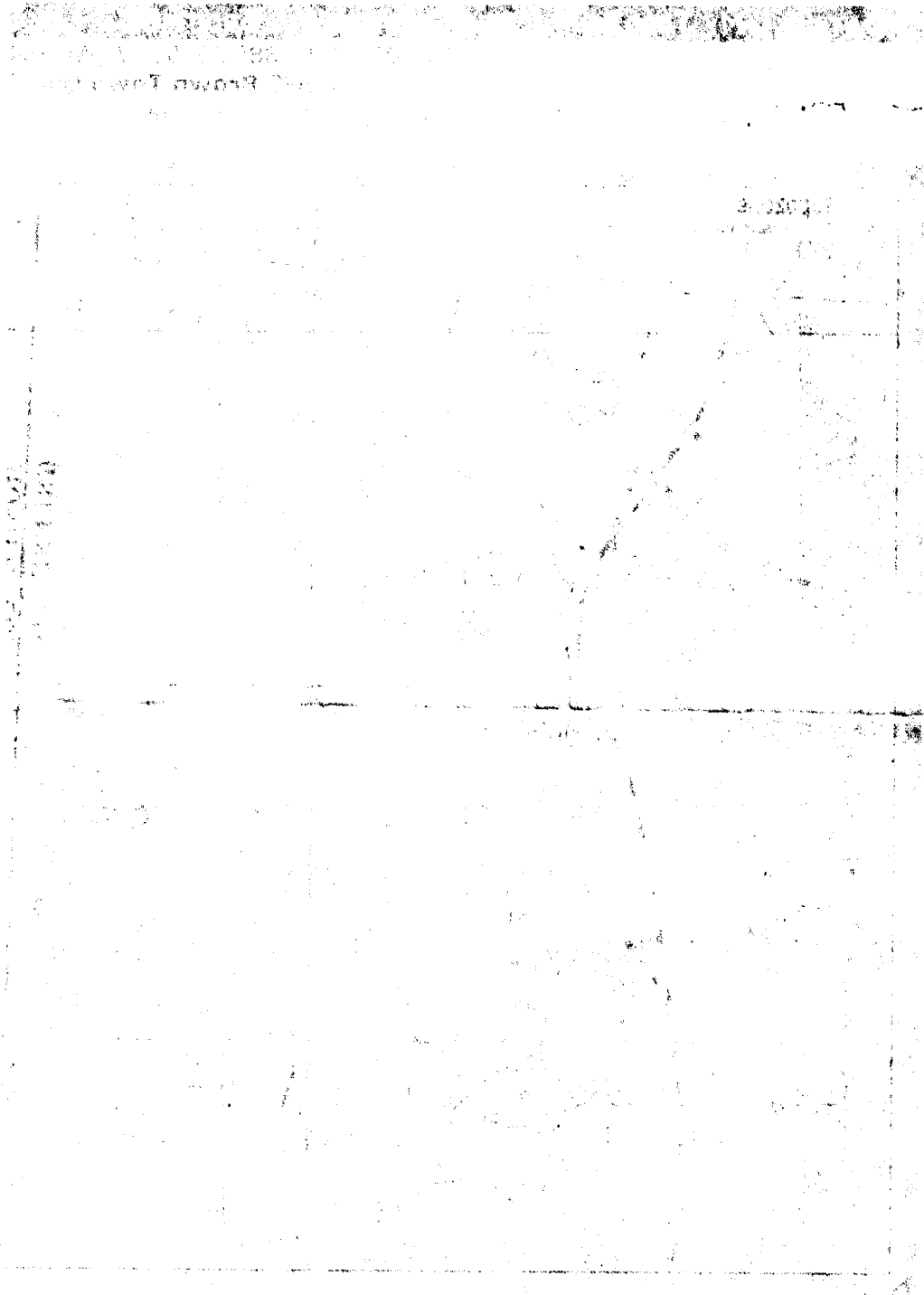
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