

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: 07-13-07

For Office Use Only:

Aquifer: _____
Well #: D-111
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>Derrick Chavers</u>	Latitude: <u>30° 55' 86"</u> Longitude: <u>88° 28' 68"</u>
Mailing Address: <u>10150 Hwy 613</u>	Method of Lat/Long (circle one): <u>51</u> Conventional Survey, <u>41</u>
<u>Lucedale</u> MS <u>39452</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NW 1/4 SW 1/4 Sec 27 Twn T15 Rng R5W</u>
Telephone No. <u>(601) 508-5464</u>	Distance Direction Nearest Town <u>6</u> Miles <u>East</u> of <u>Lucedale</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 07-13-07 Date well drilling completed: 07-13-07
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 108 feet above or below (circle one) land surface Date measured: 07-16-07
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 148 Well depth: 148 Well grouted to a depth of 12 feet
Type of grout (circle one): Cement Bentonite Other
Casing length: 138 feet Casing diameter: 4 inches Type of casing: PVC 540 BE
Screen length: 10 feet Screen diameter: 4 inches Type of screen: WOP PVC
Screen slot size: .008 inches Setting depth: From 138 feet to 148 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]
Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

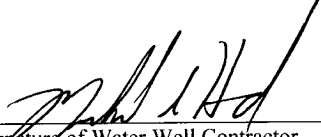
Ground Level _____

Description of Formations Encountered	From	To
Topsand	0	5
Sand (fine-med)	5	38
Clay	38	43
Sand (fine-med)	43	62
Clay	62	85
Clay	85	135
Sand (med)	135	148

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: Derrick Chavers



 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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: George
 Permit #: _____
 Driller: Michael S. Harvard
 Date completed: 07-16-07

For Office Use Only:

Aquifer: _____
 Well #: D-111
 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>Derrick Chavers</u>	Latitude: <u>N30°55.86</u> Longitude: <u>W88°28.68</u>
Mailing Address: <u>10150 Hwy 613</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Lucedale MS 39452</u> City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>27</u> Twn <u>T1S</u> Rng <u>R5W</u>
Telephone No. <u>(601) 508-0544</u>	Distance Direction Nearest Town <u>6</u> Miles <u>East</u> of <u>Lucedale</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>7-16-07</u>	Setting Depth: <u>145</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>07-16-07</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>108</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>117</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>18</u> GPM with a drawdown of
Test Pumping Rate: <u>18</u> Gallons Per Minute	<u>9</u> feet after <u>12</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>12</u> hours	

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

Michael S. Harvard 0-673 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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