

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 #: E-89
L. S. Elevation: _____
E-log #: _____

County: George
Permit #: _____
Driller: Michael S. Havard
Date drilling completed: 6-04-05

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>Hazel Smith</u> | Latitude: <u>30° 50' 02⁰²"</u> Longitude: <u>88° 47' 38²³"</u> |
| Mailing Address: <u>209 Wilcy Smith Rd</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>Lucedale MS 39452</u> | USGS quad, Hand-held GPS Survey-grade GPS |
| City State Zip Code | <u>NW 1/4 NE 1/4 Sec 33 Twn T25 Rng R8W</u> |
| Telephone No. (<u>601</u>) <u>945-2685</u> | Distance Direction Nearest Town <u>3</u> Miles <u>S</u> of <u>Bennedale</u> |

Well Data

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

Date well drilling started: 6-04-05 Date well drilling completed: 6-04-05

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

Static Water Level: 35 feet above or below (circle one) land surface Date measured: 6-06-05

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

Hole depth: 200 Well depth: 200 Well grouted to a depth of 18 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 190 feet Casing diameter: 2 inches Type of casing: PVC 540

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

Screen slot size: .006 inches Setting depth: From 190 feet to 200 feet

Type of completion (circle all applicable) Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

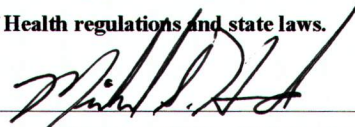
Top of lap pipe or reduction in casing: _____ feet. **If telescoped or more than one screen, describe on back of page**

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. Havard 0-673
Print Name of Water Well Contractor and License No.


Signature of Water Well Contractor

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JUN 30 2005
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. Harvard
 Date completed: 6-06-05

For Office Use Only:

Aquifer: _____
 Well #: E-89
 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>Hazel Smith</u> | Latitude: <u>N30°50.029</u> Longitude: <u>W88°47.388</u> |
| Mailing Address: <u>209 Wilky Smith</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad <u>Hand-held GPS</u> Survey-grade GPS |
| <u>Lucedale MS 39452</u> | <u>1/4</u> <u>1/4</u> Sec <u>33</u> Twn <u>T25</u> Rng <u>R8W</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. <u>(601) 945-2085</u> | <u>3</u> Miles <u>S</u> of <u>Bennedale</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 | <input checked="" type="radio"/> Electric Motor Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>1</u> |
| Date Pump Installed: <u>6-06-05</u> | Setting Depth: <u>56</u> feet |
| Rated Pump Capacity: <u>10</u> Gallons Per Minute | Number of Stages: <u>2</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|--|
| Date Well Tested: <u>6-04-05</u> | <input checked="" type="radio"/> Air Line Electric Measuring Line Steel Tape |
| Static Water Level (A): <u>35</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>45</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface | Well yielded <u>12</u> GPM with a drawdown of |
| Test Pumping Rate: <u>12</u> Gallons Per Minute | <u>10</u> feet after <u>4</u> hours of pumping |
| Duration of Pump Test (minimum 4 hours): <u>4</u> hours | |

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

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

RECEIVED
 JUN 30 2005
 BY: OLWR