

# 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-118  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: George  
Permit #: \_\_\_\_\_  
Driller: Heath Williams  
Date drilling completed: 7/10/08

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>Preston Ford</u>	Latitude: <u>30° 51' 22" N</u> Longitude: <u>88° 47' 49" W</u>
Mailing Address: <u>9258 Hwy 57 South</u>	Method of Lat/Long (circle one): Conventional Survey, <input checked="" type="checkbox"/> Hand-held GPS, Survey-grade GPS
<u>Lucedale</u> <u>Ms.</u> <u>39452</u>	USGS quad, <u>SE</u> 1/4 <u>11W</u> 1/4 Sec <u>21</u> Twn <u>25</u> Rng <u>8N</u>
City State Zip Code	<u>IR</u> <u>IR</u>
Telephone No. <u>(601) 508 4090</u>	Distance <u>2</u> Miles Direction <u>South</u> of Nearest Town <u>Bendale</u>

Well Data

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

Date well drilling started: 07-08-08 Date well drilling completed: 07-10-08

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

Static Water Level: 100 feet above or below (circle one) land surface Date measured: 07-09-08

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

Hole depth: 330 Well depth: 330 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 320 feet Casing diameter: 2 inches Type of casing: PVC

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

Screen slot size: 0.008 inches Setting depth: From 320 feet to 330 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: Visual

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.

Heath E. Williams 0-790  
Print Name of Water Well Contractor and License No.

Heath E. Williams  
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: Heath Williams  
 Date completed: 7/10/08

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: E-118  
 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>Preston Ford</u>	Latitude: <u>30°51'27"</u> Longitude: <u>088°47'49W</u>
Mailing Address: <u>9258 Hwy 57 South</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Lucedale Ms. 39452</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SE</u> ¼ <u>NW</u> ¼ Sec <u>21</u> Twn <u>TS</u> Rng <u>8W</u>
Telephone No. <u>(601) 508 4090</u>	Distance Direction Nearest Town
	<u>2</u> Miles <u>South</u> of <u>Benedale</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	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2 hp</u>
Date Pump Installed: <u>07-10-08</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>07-10-08</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>100</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of
Test Pumping Rate: <u>5.5</u> Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Heath S. Williams 0-790  
 Print Name of Pump Installer and License No. (if applicable)

Heath S. Williams  
 Signature of Pump Installer

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E-118

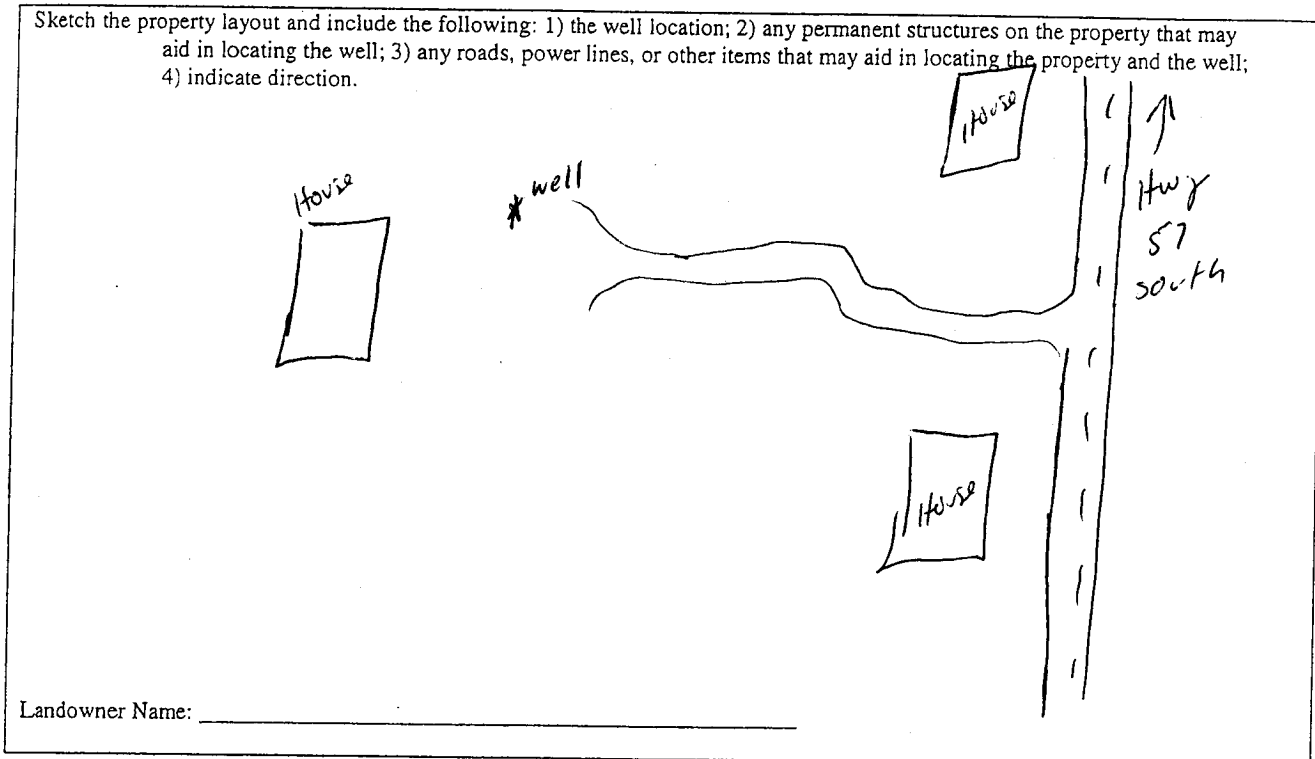
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Brown Sand	0	15
Sand and Gravel	15	25
Purple Tan Clay	25	50
Blue cl	50	260
Blue Sand	260	330

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: \_\_\_\_\_

*[Handwritten Signature]*  
Signature of Water Well Contractor

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