

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-119
L. S. Elevation: _____
E-log #: _____

County: George
Permit #: _____
Driller: Heath Williams
Date drilling completed: 6/30/08

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>Alice Fairley</u>	Latitude: <u>30° 52' 15" N</u> Longitude: <u>88° 50' 48" W</u>
Mailing Address: <u>166 A Fairley Ordeal Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Lucedale, MS 39452</u>	<u>NE</u> 1/4 <u>SW</u> 4 Sec <u>13</u> Twn <u>TS</u> Rng <u>9W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 945-2036</u>	<u>2</u> Miles <u>NW</u> of <u>Benedale</u>

Well Data	
Purpose of Well (circle one) <input checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> Other: _____	
Date well drilling started: <u>06-30-08</u> Date well drilling completed: <u>06-30-08</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>100'</u> feet above or below (circle one) land surface Date measured: <u>06-30-08</u>	
Method of Measurement (circle one) <input checked="" type="checkbox"/> steel tape <input type="checkbox"/> electric tape <input type="checkbox"/> air line <input type="checkbox"/> other: _____	
Hole depth: <u>155</u> Well depth: <u>155</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <input checked="" type="checkbox"/> Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix	
Casing length: <u>145</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>10</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>0.008</u> inches Setting depth: From <u>145</u> feet to <u>150</u> feet	
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> 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): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: <u>Visual</u>	
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.	
<u>Heath S. Williams 0-790</u>	<u>Heath S. Williams</u>
Print Name of Water Well Contractor and License No.	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: 6/30/08

For Office Use Only:

Aquifer: _____
 Well #: E-119
 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>Alice Fairley</u>	Latitude: <u>30°52'15"N</u> Longitude: <u>88°55'48"W</u>
Mailing Address: <u>1664 Fairley Oneal Rd.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Lucedale</u> <u>MS</u> <u>39452</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NE</u> ¼ <u>SW</u> ¼ Sec <u>13</u> Twn <u>1S</u> Rng <u>9W</u>
Telephone No. (____) _____	Distance Direction Nearest Town
	<u>2</u> Miles <u>NW</u> of <u>Bendale</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 Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal <input type="radio"/> Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>06-30-08</u>	Setting Depth: <u>130</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>06-30-08</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: _____ 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 G. Williams 0-790 Heath G. Williams
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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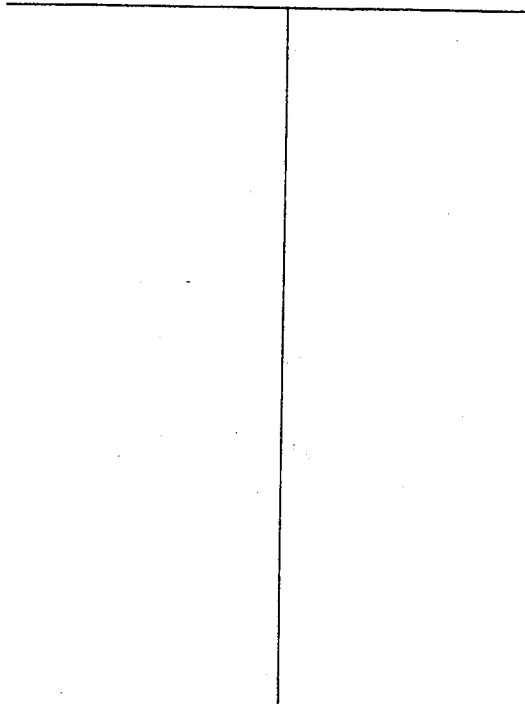
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E-119

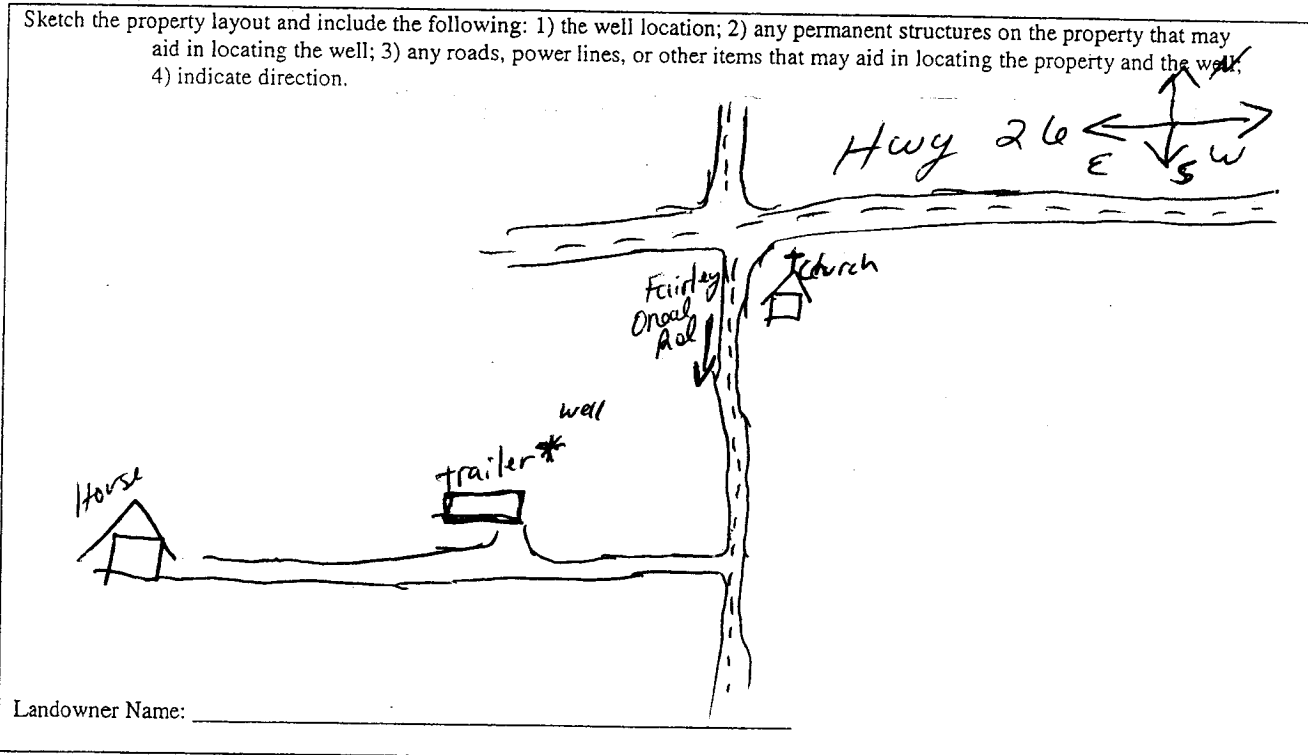
If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
Red sandy clay	0	25
Blue cl	25	130
Blue sa	130	155

If more than one screen, show location of each on sketch



Landowner Name: _____

[Handwritten Signature]

Signature of Water Well Contractor

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