

Benndale Quad

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 #: ~~6-136~~ E-145
L. S. Elevation: _____
E-log #: _____

County: George
Permit #: _____
Driller: Michael S. Havard
Date drilling completed: 6-15-05

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>Carol Dunham</u> | Latitude: <u>30° 52' 05" 05</u> Longitude: <u>88° 46' 20" 37</u> |
| Mailing Address: <u>117 Catfish Lane</u> | Method of Lat/Long (circle one): Conventional Survey, <u>GPS</u> |
| <u>Lucedale MS 39452</u> | USGS quad, <u>land-held GPS</u> Survey-grade GPS <u>GPS</u> |
| City State Zip Code | <u>1R</u> ¼ <u>1R</u> ¼ Sec <u>23</u> Twn <u>72S</u> Rng <u>R4W</u> |
| Telephone No. (<u>601</u>) <u>945-5255</u> | Distance Direction Nearest Town <u>3</u> Miles <u>East</u> of <u>Benndale</u> |

Well Data

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

Date well drilling started: 6-15-05 Date well drilling completed: 6-15-05

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

Static Water Level: 68 feet above or below (circle one) land surface Date measured: 6-16-05

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

Hole depth: 158 Well depth: 158 Well grouted to a depth of 16 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 148 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 148 feet to 158 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]
Signature of Water Well Contractor

RECEIVED
JUN 30 2005
BY: OLWR

E-145
~~G-136~~

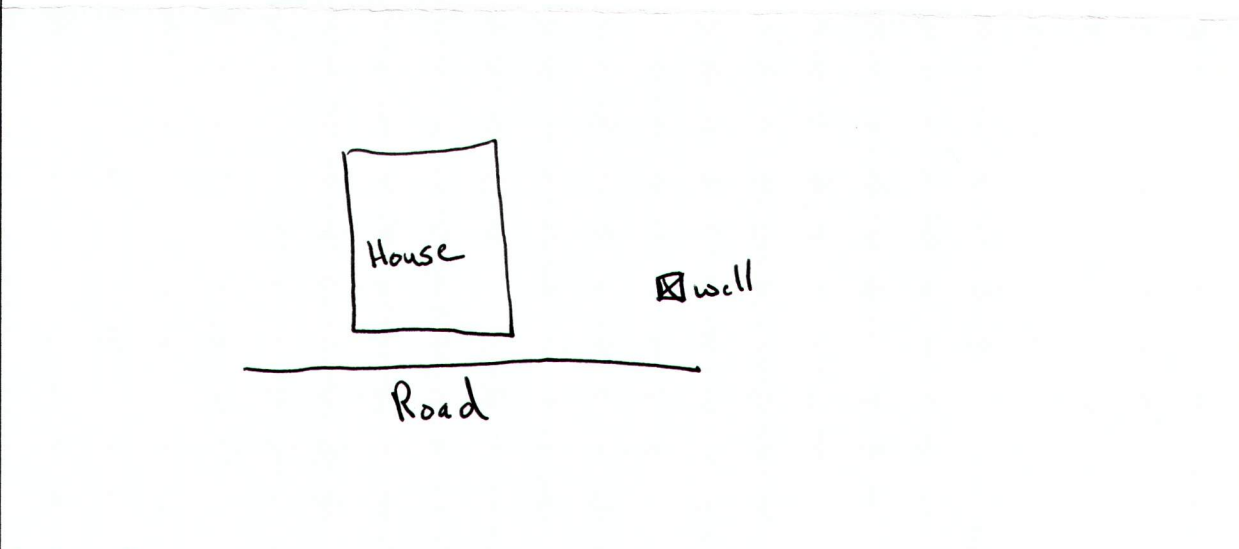
If well telescopes please sketch below and show depths.

Ground Level

| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| Top Sand | 0 | 8 |
| Clay | 8 | 12 |
| sand (med-coarse) | 12 | 27 |
| Clay | 27 | 58 |
| silt | 58 | 65 |
| Clay | 65 | 72 |
| silt | 72 | 76 |
| Clay | 76 | 91 |
| Sand (fine) | 91 | 97 |
| Clay | 97 | 107 |
| silt | 107 | 113 |
| Clay | 113 | 132 |
| Sand (fine-med) | 132 | 141 |
| Sand (med) | 141 | 158 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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: _____



Signature of Water Well Contractor

RECEIVED
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: 6-16-05

For Office Use Only:

Aquifer: _____
 Well #: ~~6-136~~ E-145
 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>Carol Dunham</u> | Latitude: <u>N30°52.083</u> Longitude: <u>W88°46.620</u> |
| Mailing Address: <u>117 Catfish Ln</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>Lucedale MS 39452</u> | USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| City State Zip Code | <u>R 1/4 R 1/4</u> Sec <u>23</u> Twn <u>T25</u> Rng <u>R6W</u> |
| Telephone No. (601) <u>945-5255</u> | Distance Direction Nearest Town <u>4</u> Miles <u>East</u> of <u>Bennedale</u> |

| Pump Type Circle one | Power Type Circle one |
|--|---|
| Air Lift <input checked="" type="radio"/> <u>Jet</u> <input type="radio"/> Submersible | Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas |
| Bucket <input type="radio"/> Piston <input type="radio"/> Turbine | <input checked="" type="radio"/> <u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO |
| Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well | Windmill <input type="radio"/> Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>1</u> |
| Date Pump Installed: <u>6-16-05</u> | Setting Depth: <u>82</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>6-15-05</u> | <input checked="" type="radio"/> <u>Air Line</u> <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape |
| Static Water Level (A): <u>68</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>75</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>7</u> Feet Below Land Surface | Well yielded <u>9</u> GPM with a drawdown of |
| Test Pumping Rate: <u>9</u> Gallons Per Minute | <u>7</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 673 Michael S. Harvard
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
 JUN 30 2005
 BY: OLWR