

# 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. Howard  
Date drilling completed: 7-26-05

For Office Use Only:  
Aquifer:  
Well #: F-129  
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>David Walter</u>	Latitude: <u>30° 50' 48" <sup>30</sup></u> Longitude: <u>88° 39' 42" <sup>45</sup></u>
Mailing Address: <u>1189 Basin Central 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>NW</u> <u>SW</u> <u>SE</u> <u>NE</u> <u>1/4</u> <u>1/4</u> <u>1/4</u> <u>1/4</u> Sec <u>26</u> <u>Twn T28</u> Rng <u>R 7W</u>
Telephone No. <u>(601) 947-2432</u>	Distance Direction Nearest Town <u>4</u> Miles <u>S</u> of <u>Central</u>

**Well Data**

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

Date well drilling started: 7-26-05 Date well drilling completed: 7-26-05

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

Static Water Level: 32 feet above or below (circle one) land surface Date measured: 7-26-05

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

Hole depth: 70 Well depth: 70 Well grouted to a depth of 16 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 4 inches Type of casing: Pvc 540

Screen length: 10 feet Screen diameter: 4 inches Type of screen: WSP

Screen slot size: .008 inches Setting depth: From 60 feet to 70 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. Howard 0-693 [Signature]  
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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F-129

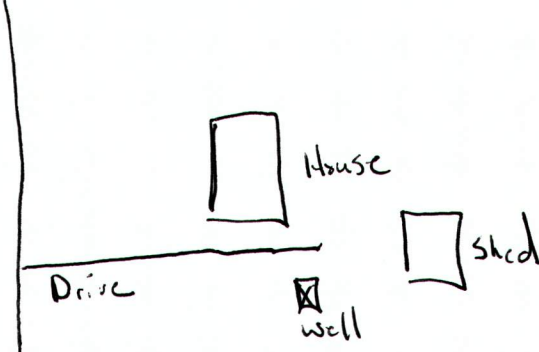
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Top sand	0	8
Sand (med)	8	23
Clay	23	25
Sand (med)	25	50
Clay	52	52
Sand (med)	52	70

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: David Walters

*[Signature]*  
 \_\_\_\_\_  
 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: 07-26-05

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: F-129  
 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>David Walters</u>	Latitude: <u>N 30° 50.498</u> Longitude: <u>W 88° 39.742</u>
Mailing Address: <u>1189 Basin Central Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Lucedale</u> MS <u>39452</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	____ ¼ ____ ¼ Sec <u>26</u> Twn <u>T25</u> Rng <u>R2W</u>
Telephone No. ( <u>601</u> ) <u>947-2432</u>	Distance Direction Nearest Town
	<u>4</u> Miles <u>S</u> of <u>Central</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>7-26-05</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>19</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>07-26-05</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>32</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>50</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>18</u> Feet Below Land Surface	Well yielded <u>32</u> GPM with a drawdown of
Test Pumping Rate: <u>32</u> Gallons Per Minute	<u>18</u> feet after <u>4 1/2</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4 1/2</u> hours	

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

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

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