

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2307
Jackson, MS 39225
(601)961-5210
(601)961-5228 (fax)

County: George
Permit #: _____
Driller: Mick & Wad
Date drilling completed: 3-29-10

For Office Use Only:
Aquifer: F 162
Well #: _____
L. S. Elevation: _____
E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

| Information on Well Owner (Landowner if borehole is not for a water well) | Well or Borehole Location |
|--|---|
| Owner Name: <u>John D Howard</u> | Latitude: <u>30° 54' 07"</u> Longitude: <u>88° 39' 07"</u> |
| Mailing Address: <u>152 Henderson Dr</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Lucedale MS 39452</u> City State Zip Code | N <u>1/4</u> S <u>1/4</u> Sec <u>2</u> Twn <u>T25</u> Rng <u>R7W</u> |
| Telephone No. () _____ | Distance Direction Nearest Town <u>3</u> Miles <u>SW</u> of <u>Lucedale</u> |

Well / Borehole Data

Date drilling started: 3-29-10 Date drilling completed: 3-29-10 Hole depth: 210 Hole diameter: 4 1/2

Location of the source of any surface water used for drilling: NONE
Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump
Seismic Survey Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

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

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

Static Water Level: 40 feet above or below (circle one) land surface Date measured: _____

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

Well depth: 210 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 200 feet Casing diameter: 2 inches Type of casing: PVC 40

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

Screen slot size: 8 inches Setting depth: From 200 feet to 210 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 next page*

Form: OLWR-SWR-1A (04/08)

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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)

For Office Use Only:

Aquifer: F162
Well #: _____
Elevation: _____

County: George
Permit #: _____
Driller: Mike F Wood
Date completed: 3-30-10

This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.

| Well Owner Information | Well Location |
|--|---|
| Owner Name: <u>John D Howard</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>152 Henderson Dr</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Lucedale, MS 39452</u> | <u>1/4 1/4 Sec 2 Twn T25 Rng R7W</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. () _____ | <u>3 Miles SW of Lucedale</u> |

| Pump Type Circle one | Power Type Circle one |
|---|--|
| Air Lift <input type="radio"/> Jet <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 <input type="radio"/> Hand <input type="radio"/> Tractor PTO |
| Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>1</u> |
| Date Pump Installed: <u>3-30-10</u> | Setting Depth: <u>70</u> feet |
| Rated Pump Capacity: <u>8-12</u> Gallons Per Minute | Number of Stages: <u>2</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|--|
| Date Well Tested: _____ | <input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape |
| Static Water Level (A): <u>40</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>10</u> Feet Below Land Surface | Well yielded <u>8</u> GPM with a drawdown of |
| Test Pumping Rate: <u>8</u> Gallons Per Minute | <u>10</u> feet after <u>1 1/2</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 R Fry Fogle 0408
Print Name of Pump Installer and License No. (if applicable)

Michael R Fry Fogle
Signature of Pump Installer

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