

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. Havard
Date drilling completed: 11-03-04

For Office Use Only:

Aquifer: _____
Well #: G-122
L. S. Elevation: _____
E-log #: _____

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Havard Drilling Company

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>Christy Taylor</u>	Latitude: <u>30° 52' 25"</u> Longitude: <u>88° 36' 36"</u>
Mailing Address: _____	Method of Lat/Long (circle one): <u>15</u> Conventional Survey, <u>37 22</u>
<u>130 Smith Rd</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Lucedale MS 39452</u>	<u>NW 1/4 SE 1/4 Sec 18</u> TwN <u>T2S</u> Rng <u>R6W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (<u>601</u>) <u>947-3034</u>	<u>2.1</u> Miles <u>East</u> of <u>Central</u>

Well Data

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

Date well drilling started: 11-03-04 Date well drilling completed: 11-03-04

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

Static Water Level: 31 feet above or below (circle one) land surface Date measured: 11-04-04

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

Hole depth: 91 Well depth: 91 Well grouted to a depth of 17 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 81 feet Casing diameter: 4 inches Type of casing: 540 PUC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: WOP PUC

Screen slot size: .006 inches Setting depth: From 81 feet to 91 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.

Michael S. Havard
Signature of Water Well Contractor

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If well telescopes please sketch below and show depths. (39)

Ground Level

G-122

Description of Formations Encountered	From	To
Topsand black	0	4
Sand, fine to med red	4	12
Clay yellow	12	17
Sand, med brown	17	62
Clay yellow	62	75
Sand, med grey	75	91

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: Christy Taylor

Will S. Hill
 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. Havard
 Date completed: 11-03-04

For Office Use Only:

Aquifer: _____
 Well #: G-122 39
 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>Christy Taylor</u>	Latitude: <u>30°52.25</u> Longitude: <u>88°36.36</u>
Mailing Address: _____ <u>130 Smith Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>hand-held GPS</u> , Survey-grade GPS
<u>Lucedale MS 39452</u> City State Zip Code	1/4 _____ 1/4 Sec <u>18</u> Twn <u>T2S</u> Rng <u>R6W</u>
Telephone No. (<u>601</u>) <u>947-3034</u>	Distance Direction Nearest Town <u>2.1</u> Miles <u>East</u> of <u>Central</u>

Pump Type Circle one	Power Type Circle one
<u>Air Lift</u> Jet Submersible	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>11-04-04</u>	Setting Depth: <u>90</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-04-04</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>31</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>55</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>24</u> Feet Below Land Surface	Well yielded <u>19.6</u> GPM with a drawdown of
Test Pumping Rate: <u>19.6</u> Gallons Per Minute	<u>24</u> feet after <u>4.3</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4.3</u> hours	

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

Michael S. Havard 0-693 Michael S. Havard
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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