

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. Harvard
Date drilling completed: 10-10-05

For Office Use Only:
Aquifer: _____
Well #: B-140
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>Jerry Kithrell</u>	Latitude: <u>30° 52' 52"</u> Longitude: <u>88° 36' 43"</u>
Mailing Address: <u>146 Camellia Road</u>	Method of Lat/Long (circle one): <u>31</u> Conventional Survey, <u>26</u>
<u>Lucedale</u> MS <u>39452</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	<u>SE 1/4 NW 1/4</u> Sec <u>17</u> Twn <u>T2S</u> Rng <u>R4W</u>
Telephone No. (<u>601</u>) <u>947-1919</u>	Distance Direction Nearest Town <u>4.5</u> Miles <u>S</u> of <u>Lucedale</u>

Well Data

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

Date well drilling started: 10-10-05 Date well drilling completed: 10-10-05

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

Static Water Level: 58 feet above or below (circle one) land surface Date measured: 10-13-05

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

Hole depth: 123 ft Well depth: 123 ft Well grouted to a depth of 18 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 103 feet Casing diameter: 4 inches Type of casing: PVC 540

Screen length: 20 feet Screen diameter: 4 inches Type of screen: WOP PVC

Screen slot size: .008 + .010 inches Setting depth: From 103 feet to 123 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

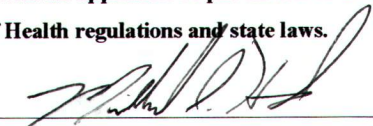
Top of lap pipe or reduction in casing: _____ feet. If telescoped or more than one screen, describe on back of page

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. Harvard 0-673
Print Name of Water Well Contractor and License No.


Signature of Water Well Contractor

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G-140

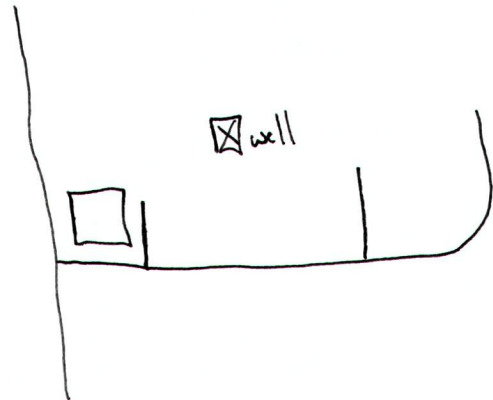
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered		From	To
Topsand		0	8
Sand (med)	Red	8	23
Sand (med)	Brown	23	43
Clay	yellow	43	58
Sand (fine)	Brown	58	66
Clay	white	66	81
Sand (fine)		81	95
Sand (med)		95	118
Sand (med-coarse)		118	123

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: Jerry K. Hrell

[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: 10-13-05

For Office Use Only:

Aquifer: _____
 Well #: G-140
 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>Jerry Kithrell</u>	Latitude: <u>N30°52.52</u> Longitude: <u>W88°36.43</u>
Mailing Address: <u>146 Camellia Road</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>1/4</u> <u>1/4</u> Sec <u>17</u> Twn <u>T2S</u> Rng <u>R6W</u>
Telephone No. <u>(601) 947-1917</u>	Distance Direction Nearest Town
	<u>4.5</u> Miles <u>S</u> of <u>Lucedale</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>1.5</u>
Date Pump Installed: <u>10-13-05</u>	Setting Depth: <u>103</u> feet
Rated Pump Capacity: <u>27</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-13-05</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>58</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>80</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>22</u> Feet Below Land Surface	Well yielded <u>40</u> GPM with a drawdown of
Test Pumping Rate: <u>40</u> Gallons Per Minute	<u>22</u> feet after <u>4.5</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4.5</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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WELL AND PUMP DATA

6-140

PROPERTY OWNER		LOCATION OF WELL			
<u>NAME</u>	Jerry Kittrell	<u>COUNTY</u>	George	<u>WELL #</u>	05040
<u>ADDRESS</u>	146 Camellia Road	<u>TOWNSHIP</u>	T2S	<u>LAT.</u>	N30:52.517
<u>CITY/STATE</u>	Lucedale, MS 39452	<u>RANGE</u>	R6W	<u>LONG.</u>	W88:36.431
<u>PHONE</u>	(601) 947-1917	<u>SECTION</u>	17	<u>ELEV.</u>	243 ft

BOREHOLE DATA				WELL DATA					
<u>FORMATION</u>	<u>COLOR</u>	<u>FROM</u>	<u>TO</u>	<u>WELL DEPTH</u>	123 feet	<u>DATE</u>	10-10-05		
Top-sand	Multi	0 feet	8 feet	<u>STATIC LEVEL</u>	58 feet	<u>DATE</u>	10-13-05		
Sand (med)	Red	8 feet	23 feet	<u>PUMPING LEVEL</u>	80 feet	<u>DATE</u>	10-10-05		
Sand (med)	Brown	23 feet	43 feet	<u>SPECIFIC CAP.</u>	1.8 GPM/FT	<u>DATE</u>	10-13-05		
Clay	Yellow	43 feet	58 feet	<u>TYPE OF WELL</u>	Domestic	<u>GPM</u>	40 GPM		
Sand (fine)	Brown	58 feet	66 feet	<u>METHOD OF DRILLING</u>		Direct Rotary			
Clay	White	66 feet	81 feet	CASING TYPE					
Sand (fine-med)	Brown	81 feet	95 feet	<u>TYPE</u>	PVC	<u>CONNECTION</u>	SW & Coup.		
Sand (med)	Brown	95 feet	118 feet	<u>DIA.</u>	4 inch	<u>TO</u>	103 feet	<u>SCH #</u>	40
Sand (med-coarse)	Brown	118 feet	123 feet	<u>DIA.</u>		<u>TO</u>		<u>SCH #</u>	
				<u>DIA.</u>		<u>TO</u>		<u>SCH#</u>	
INTAKE PORTION OF WELL									
				<u>SCRN TYPE</u>	WOP	<u>LENGTH</u>	20 feet		
				<u>SCRN DIA.</u>	4 inch	<u>MATERIAL</u>	PVC		
				<u>SET</u>	113 feet	<u>AND</u>	123 feet	<u>SLOT</u>	.008
				<u>SET</u>	103 feet	<u>AND</u>	113 feet	<u>SLOT</u>	.010
				<u>SET</u>		<u>AND</u>		<u>SLOT</u>	
FILTER MEDIA									
				<u>SOURCE</u>	SFM	<u>GRAD.</u>	16 X 30		
				<u>COMP.</u>	Plastic	<u>VOLUME</u>	8 cubic feet		
GROUT									
				<u>TYPE</u>	Mix	<u>VOLUME</u>	8 cubic feet		
				<u>DEPTH FROM</u>	0 feet	<u>DEPTH TO</u>	18 feet		
				<u>DEPTH FROM</u>		<u>DEPTH TO</u>			
PUMP DATA									
				<u>TYPE</u>	Submersible	<u>DATE</u>	10-13-05		
				<u>MAN.</u>	F & W	<u>MODEL</u>	4F27S15		
				<u>HP</u>	1.5 HP	<u>DEPTH</u>	103 feet		
				<u>VOLTS</u>	230 VAC	<u># OF STAGES</u>	10 stage		
				<u>MATERIAL OF DROP PIPE</u>		PVC S40			
				<u>PIPE DIA.</u>	1 1/4"	<u>PIPE LENGTH</u>	100 feet		
				<u>DROP PIPE MODIFICATION</u>		None			
				<u>DISINFECTED UPON COMPLETION</u>					Chlorine
				<u>GEOPHYSICAL LOG RUN</u>					
				<u>WATER ANALYZED</u>					
HAVARD DRILLING COMPANY				<u>DRILLER</u>	Stephen Havard				
P.O. BOX 1052				<u>COMMENTS</u>	(601) 508-0745				
LUCEDALE, MS 39452		AL# 592							
(601) 766-3781		MS# 673							

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