

# 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: Lucedale George  
Permit #: \_\_\_\_\_  
Driller: Heath Williams  
Date drilling completed: 06/29/07

### For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: G-151  
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>Shannon Cochran</u>	Latitude: <u>30° 54' 18"</u> Longitude: <u>88° 37' 42"</u>
Mailing Address: <u>118 Wesley Howell Rd.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Lucedale MS 39452</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SW</u> ¼ <u>SW</u> ¼ Sec <u>6</u> Twn <u>20S</u> Rng <u>6W</u>
Telephone No. <u>(601) 508-3031</u>	Distance Direction Nearest Town
	<u>2.5</u> Miles <u>SW</u> of <u>Lucedale</u>

**Well Data**

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

Date well drilling started: 06/29/07 Date well drilling completed: 06/29/07

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

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 06/29/07

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

Hole depth: 190 Well depth: 190 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 180 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 2.008 inches Type of screen: PVC

Screen slot size: 0.008 inches Setting depth: From 180 feet to 190 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: visual

Name of organization running log(s): W Geotechnical and testing

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.

Heath S. Williams 0-790  
Print Name of Water Well Contractor and License No.

Heath S. Williams  
Signature of Water Well Contractor

RECEIVED  
JUL 23 2007  
BY: OLWR

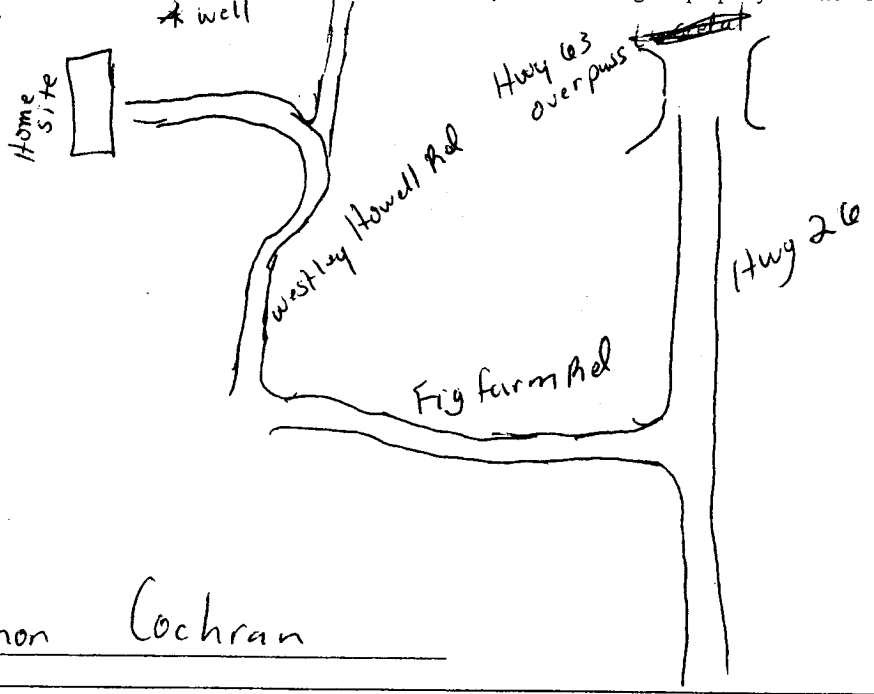
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Red Sand	0	15
White Sand	15	30
Tan Clay	30	50
Gray Clay	50	65
Blue Clay	65	120
Blue and Tan Clay	120	135
Blue Sand Trace Blk Gravel	135	190

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: Shannon Cochran

[Signature]  
Signature of Water Well Contractor

RECEIVED  
JUL 23 2007  
BY: CLWR

# 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: Lucedale George  
 Permit #: \_\_\_\_\_  
 Driller: Heath Williams  
 Date completed: 06/29/07

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: G-151  
 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>Shannon Cochran</u>	Latitude: <u>30°54'18"</u> Longitude: <u>88°37'42"</u>
Mailing Address: <u>118 Wesley Howell Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Lucedale Ms. 39452</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW 1/4 SW 1/4 Sec 6 Twn 25 Rng 6 W</u>
Telephone No. (____) _____	Distance Direction Nearest Town
	<u>2.5 Miles SW of Lucedale</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Jet <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"/> Electric Motor <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 hp</u>
Date Pump Installed: <u>06/29/07</u>	Setting Depth: _____ feet
Rated Pump Capacity: <u>7</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>06/29/07</u>	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>80</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Heath S. Williams B-790 Heath S. Williams  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED  
 JUN 29 2007  
 BY: OLWP