

STATE WELL REPORT

259

County: George
 Permit #: _____
 Driller: Michael S. Havard
 Date drilling completed: 10-19-2021

Part 1
Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225-2309
 (601)961-5555
 (601)961-5228 (fax)

For Office Use Only:
 Well #: G 241
 Aquifer: _____
 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.

Well Owner Information (Landowner if borehole is not for a water well)			Well or Borehole Location		
Owner Name: <u>Shannon Goff</u>			Latitude: <u>30°53'47.78"N</u> Longitude: <u>88°35'9.37"W</u>		
Mailing Address: <u>136 The Cedars</u>			Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____		
<u>Lucedale</u> City	<u>MS</u> State	<u>39452</u> Zip Code	<u>SW</u> ¼ <u>SE</u> ¼, Sec <u>4</u> T <u>T2S</u> R <u>R6W</u>		
Telephone No. (<u>251</u>) <u>721-4433</u>			<u>1.5</u> Miles <u>South</u> of <u>Lucedale</u> (Distance) (Direction) (Nearest Town)		

Well / Borehole Data	
Date drilling started: <u>10-19-2021</u>	Date drilling completed: <u>10-19-2021</u> Hole depth: <u>118'</u> Hole diameter: <u>7.5"</u>
Location of the source of any surface water used for drilling: _____	
Method of dosing and volume of Chlorine used in drilling and development: _____	
Logs run (check all applicable): <input checked="" type="checkbox"/> log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check all applicable): <input checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture	
Other (describe): _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>58'</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface (check one) Date measured: <u>10-20-2021</u>	
Method of measurement (check one) <input type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input checked="" type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____	
Well depth: <u>118'</u> Well grouted to a depth of: <u>12</u> feet Type of grout (check one) <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Mix	
Casing length: <u>98'</u> feet	Casing diameter: <u>4"</u> inches Type of casing: <u>540 BE PVC</u>
Screen length: <u>20</u> feet	Screen diameter: <u>4"</u> inches Type of screen: <u>WOP PVC</u>
Screen slot size: <u>.010</u> inches Setting depth: From _____ feet to _____ feet	
Type of completion (check all applicable) <input checked="" type="checkbox"/> gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet	
<i>If telescoped or more than one screen, describe on next page</i>	

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Permit #: _____

Well #:

Ground Level

[illegible]

If more than one screen, show location of each on sketch

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BY OLWR

- 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) north arrow

A hand-drawn map of a property. At the top left, a small square is labeled "House". To its right is a large area labeled "Field". Below the top "House" is another square labeled "House". To the right of this second "House" is a small square labeled "Well". A large, irregularly shaped area is labeled "Wooded Area". A line runs diagonally across the bottom of the map, labeled "Mill Street Ext". On the right side, a vertical line is labeled "Union Church Rd". At the bottom left, the text "Landowner Name: Shannon Goff" is written. In the top left corner, there is a small note "4) north arrow" with an arrow pointing upwards.

Landowner Name: Shannon Goff

I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Michael S. Havard 0-673
Print Name of Responsible Licensee and License No.

10-22-2021
Date

Signature of Licensee

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225-2309
(601)961-5210
(601) 360-0535 (fax)

For Office Use Only:

Well #: G 241
Aquifer: _____

County: George
Permit #: _____
Driller: Michael S. Howard
Date completed: _____
Copy information from block on Part 1

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information			Well Location	
Owner Name: <u>Shannon Goff</u>			Latitude: <u>30°53'47.78"N</u>	Longitude: <u>88°35'9.37"W</u>
Mailing Address: <u>136 The Cedars</u>			Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____	
<u>Lucedale</u> City	<u>MS</u> State	<u>39452</u> Zip Code	<u>SW</u> 1/4 <u>SE</u> 1/4, Sec <u>4</u> T <u>T2S</u> R <u>R6W</u>	
Telephone No. <u>(251) 721-4433</u>			<u>1.5</u> Miles <u>South</u> of <u>Lucedale</u> (Distance) (Direction) (Nearest Town)	

Pump Type (check one)	
Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Air Lift <input type="checkbox"/> Centrifugal <input type="checkbox"/> Flowing Well <input type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input type="checkbox"/> Other (describe): _____	
Date Pump Installed: <u>10-22-2021</u>	Rated Pump Capacity: <u>45</u> Gallons Per Minute
Is This Pump (check one): <input checked="" type="checkbox"/> New <input type="checkbox"/> Repaired <input type="checkbox"/> Replacement	
Power Type (check one)	
Electric <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (describe): _____	
Horse Power Rating of Motor: <u>3</u>	Setting Depth: <u>100'</u> feet Number of Stages: _____

Pump Test Data for Non Flowing Well	
Date Well Tested: <u>10-22-2021</u>	Duration of Pump Test (minimum 4 hours): <u>4.5</u> hours
Static Water Level (A): <u>58'</u> Feet Below Land Surface	Pumping Water Level (B): <u>70</u> Feet Below Land Surface
Drawdown [(B) - (A)]: <u>12</u> Feet Below Land Surface	Test Pumping Rate: <u>50</u> Gallons Per Minute
Method of measurement (check one): Steel tape <input type="checkbox"/> Electric tape <input checked="" type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____	

Pump Test Data for Flowing Well	
Measured shut in head: _____ feet.	
Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping	

Meter Installation	
Meter Manufacturer: _____	Meter Serial Number: _____
Meter Model Number/Name: _____	Type of Meter: _____
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____	
Installation Date: _____	Meter installed by: _____
Is This Meter (check one): <input type="checkbox"/> New <input type="checkbox"/> Repaired <input type="checkbox"/> Replacement	
<i>Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.</i>	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.	
<u>Michael S. Howard</u> <u>0-673</u>	<u>10-22-2021</u>
Print Name of Pump Installer and License No. (if applicable)	Date
	Signature of Pump Installer

Shannon Goff

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Legend



Greenforest Nursery

MIL ST EXT

Shannon Goff



Google Earth

400 ft

