39

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: Michal S. Havard
Date drilling completed: 8-03-04

For Office Use Only:
Aquifer:
Well #: H-75
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

Owner Name: Teresa Smith 04026
Mailing Address: Teresa Smith
1823 Parcely Avenue
Pascagoula MS 39567
City State Zip Code
Telephone No. (601) 947-4310

Well Location

Latitude: 30 ° 49 ' ~~948~~ 57 " Longitude: 88 ° 27 ' ~~911~~ 55 "
Method of Lat/Long (circle one): Conventional Survey, USGS quad, (Hand-held GPS) Survey-grade GPS
SE ¼ NE ¼ Sec 34 Twn T2S Rng R5W
Distance 7.5 Miles Direction SE of Lucedale

Well Data

Purpose of Well (circle one): (Home) Industrial Public Supply Irrigation Fish Culture Other:
Date well drilling started: 7-30-04 Date well drilling completed: 8-03-04
If flowing, method of flow regulation: Valve ____ Other (describe) ____
Static Water Level: 53 feet above or below (circle one) land surface Date measured: 8-03-04
Method of Measurement (circle one) steel tape electric tape (air line) other:
Hole depth: 385 Well depth: 385 Well grouted to a depth of 18 feet
Type of grout (circle one): Cement Bentonite (Mix)
Casing length: 375 feet Casing diameter: 2 inches Type of casing: 2" PVC S40
Screen length: 10 feet Screen diameter: 2 inches Type of screen: WOP PVC S40
Screen slot size: .006 inches Setting depth: From 375 feet to 385 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.

Signature of Water Well Contractor

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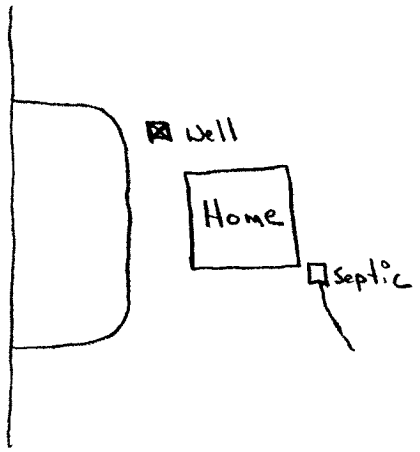
If well telescopes please sketch below and show depths.

Ground Level H-75

Description of Formations Encountered	From	To
Topsand	0	12
Clay - yellow	12	27
Clay - blue	27	89
Silt - Blue	89	103
Clay - blue	103	165
Silt - Blue	165	175
Sand, Fine	175	190
Clay - blue	190	285
Sand - med	285	291
Clay - Blue	291	320
Sand - med	320	323
Clay - Blue	323	348
Sand - med	348	352
Clay - Blue	352	365
Sand - med	365	385

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: Teresa Smith

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: 8-03-04

For Office Use Only:
Aquifer:
Well #: H-75
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

Owner Name: Teresa Smith
Mailing Address: Teresa Smith
1823 Parcely Avenue
Pascagoula MS 39567
City State Zip Code
Telephone No. (601) 947-4310

Well Location

Latitude: 30° 49.948 N Longitude: 88° 27.919 W
Method of Lat/Long (circle one): Conventional Survey, USGS quad, (Hand-held GPS) Survey-grade GPS
____ ¼ ____ ¼ Sec 34 Twn T2S Rng R5W
Distance Direction Nearest Town
7.5 Miles SE of Lucedale

Pump Type
Circle one

Air Lift	(Jet)	Submersible
Bucket	Piston	Turbine
Centrifugal	Rotary	Flowing Well

Other (specify):
Date Pump Installed: 8-02-04
Rated Pump Capacity: 10 Gallons Per Minute

Power Type
Circle one

Diesel Engine	Gasoline Engine	Natural Gas
(Electric Motor)	Hand	Tractor PTO
Windmill	Other (specify):	

Horse Power Rating of Motor: 1
Setting Depth: 85 feet
Number of Stages: 2

Pump Test Data

Date Well Tested: 7-31-04
Static Water Level (A): 53 Feet Below Land Surface
Pumping Water Level (B): 85 Feet Below Land Surface
Drawdown [(B) – (A)]: 35 Feet Below Land Surface
Test Pumping Rate: 35 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level
Circle one

(Air Line) Electric Measuring Line Steel Tape
Other (specify):
For flowing well, measured shut in head: ____ feet
Well yielded 35 GPM with a drawdown of
35 feet after 4 hours of pumping

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

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

Michael S. Havard
Signature of Pump Installer

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AUG 20 2004
BY: OLWR