7			39		
	1	ell Report	For Office Use Only:		
County: George	Part 1		Aquifer:		
	Mississippi Departmen	Mississippi Department of Environmental Quality			
Permit #:	Office of Land and Water Resources P.O. Box 10631		Well #: <u>H-76</u>		
Driller: Michael S. Havard		IS 39289-0631	L. S. Elevation:		
Date drilling completed: 8-03-04	1 7	961-5210			
	(601)35	4-6938 (fax)	E-log #:		
State Law requires that this rep	ort be prepared by the	driller in detail and filed w	ith the Department within		
30 days of completion of drilling of the well. Well Owner Information		Wel	Location		
Owner Name Jason Goff			3" Longitude: 88 • 29 : 618"		
Mailing Address: Jason Goff		Method of Lat/Long (circle or	37 (37) (37) (37) (37) (37) (37) (37) (37)		
USGS quad, Hand-held GPS, Survey-grade GPS					
P.O. Box 1061 SW1 NW4 Sec 4 Twn T25 Rng RS			Twn T25 Rng RSW		
Investale MS 39452					
City State Zip Code Distance Direction Nearest Town 5,5 Miles East of Succeder			Nearest Lown		
Telephone No. (601) 508 - 0988					
Well Data					
Purpose of Well (circle one) (Home Industrial Public Supply Irrigation Fish Culture Other:					
Date well drilling started: 8-02-04 Date well drilling completed: 8-03-04					
If flowing, method of flow regulation: Valve Other (describe)					
Static Water Level: 73 feet above or below (circle one) land surface Date measured: 8-02-04					
Method of Measurement (circle one) steel tape electric tape air line other:					
Hole depth: <u>193</u> Well depth: <u>193</u> Well grouted to a depth of <u>18</u> feet					
Type of grout (circle one): Cement Bentonite Mix					
Casing length: 183 feet Casing diameter: 2 inches Type of casing: PVC 540					
Screen length: 10 feet Screen diameter. 2 inches Type of screen: WOP PUC 540					
Screen slot size: <u>,006</u> inches Setting depth: From <u>183</u> feet to <u>193</u> feet					
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development					
	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):	tructed, and completed in	accordance with all applicabl	e requirements of the Mississippi		
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississipp Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws					
Michael S. Havard	0-673	_ Doch	8.Hd		
			f Water Well Contractor		

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> AUG 2 0 2004 BY: OLWR

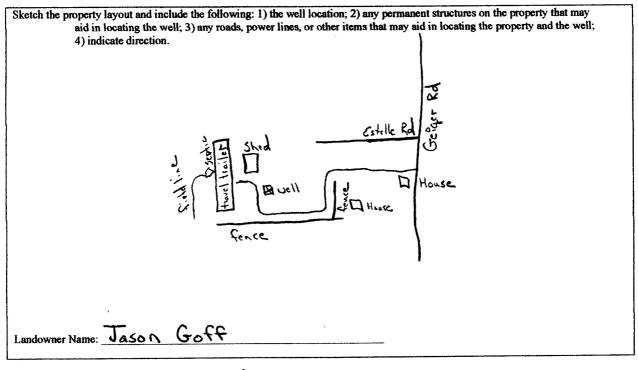
If well telescopes please sketch below and show depths.

Ground Level

4-76

Description of Formations Encountered	From	To
Topsand	0	3
Kand med	3	13
Sand, Cine = med	12	63
Clay	63	86
SALA	86	91
Class	91	105
Sand Sine	105	1112
Clay	Siz	155
Selt	155	163
Class	163	177
Sand med	177	193
		T

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



Signature of Water Well Contractor

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STATE WELL REPORT				
Permit #: Mississippi Depart Permit #: Office of La Driller: Michael S. Havaid Date completed: 68203-04	Part 2 For Office Use Only: Mer's Completion Report Aquifer: Ment of Environmental Quality Aquifer: Name Ment of Environmental Quality Name Ment of Envity Name <td< td=""></td<>			
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: Jason Goff	Latitude: 30° 54,363 Longitude: 88° 29. 618			
Mailing Address: Jason Goff	Method of Lat/Long (circle one): Conventional Survey,			
P.O. Box 1041	USGS quad, Hand-held GPS, Survey-grade GPS			
Lucedale MS 39452 City State Zip Code	14 Sec_ 4 Twn T2S Rng R5W			
City State Zip Code	Distance Direction Nearest Town			
Telephone No. (601) 508-0988	5.5 Miles East of Lucedale			
Pump Type Circle one	Power Type Circle one			
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas			
Bucket Piston Turbine	Electric Motor Hand Tractor PTO			
Centrifugal Rotary Flowing Well	Windmill Other (specify):			
Other (specify):	Horse Power Rating of Motor:			
Date Pump Installed: 8-02-04	Setting Depth: 95 feet			
Rated Pump Capacity:Gallons Per Minute	Number of Stages:			
Pump Test Data	Method of Measuring Water Level Circle one			
Date Well Tested: 8-02-04	Air Line Electric Measuring Line Steel Tape			
Static Water Level (A): <u>73</u> Feet Below Land Surface	Other (specify):			
Pumping Water Level (B): 83 Feet Below Land Surface				
Drawdown [(B) – (A)]: <u>IO</u> Feet Below Land Surface	For flowing well, measured shut in head:feet			
Test Pumping Rate: 10 Gallons Per Minute	Well yielded <u>IO</u> GPM with a drawdown of			
Duration of Pump Test (minimum 4 hours): <u>23</u> hours	<u>hours of pumping</u>			
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Michael S. Heward Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer				

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