	State Well Repo
County: George	Part 1 – Driller's L
county.	Mississippi Department of Environi
Permit #:	Office of Land and Water Re
Driller: Michael S. Havaco	P.O. Box 10631
	Jackson, MS 39289-06
Date drilling completed: 8-07-08	(601)961-5210
	(601)354-6938 (fax)

ate Well Report t 1 – Driller's Log

partment of Environmental Quality Land and Water Resources P.O. Box 10631 kson, MS 39289-0631 (601)961-5210

For Office Use Only:
Aquifer:
Well #:
L. S. Elevation:
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.

Information on Well Owner	Well or Borehole Location		
(Landowner if borehole is not for a water well)			
Owner Name Gail Luke	Latitude: 30 ° 52, '879" Longitude: 88 ° 26, '342"		
^ 1	Method of Lat/Long (circle one): Conventional Survey,		
Mailing Address: 1191 Lucas Road	USGS quad, Hand-held GPS, Survey-grade GPS		
1 11 1000 2011	5E 1/4 SW 1/4 Sec 18 Twn T25 Rng R5W		
Lucedale MS 39452 City State Zip Code	Distance Direction Nearest Town		
	8 Miles East of Lucedalc		
Telephone No. (601) 508 - 505 2	-		
Well / Bore	hole Data		
4.00.00	A8 363 B.V.		
Date drilling started: $8-07-0$ Date drilling completed: $8-07$	Hole diameter: 777		
Location of the source of any surface water used for drilling:			
Method of dosing and volume of Chlorine used in drilling and devel	opment:		
Logs run (circle all applicable): No log run Electric Gamma Ray	Density Sonic Neutron Other		
Name of organization running log(s):	Deliany Bone Renden Saler.		
·	i II di di Cara II da Barra		
Purpose of borehole (check one): Water Well_X Geotechnical/Geole	ogical Investigation Ground Source Heat Pump		
Seismic Survey Other (describe)		
If drilling is not related to water well construction	n, skip the remainder of this block		
Purpose of Well (check one): Home X Industrial Public Supply	Irrigation Fish Culture Other:		
If a flowing well, method of flow regulation: Valve O	ther (describe)		
Static Water Level: 64 feet above or below (circle one) land surface Date measured: 8-08-08			
Method of Measurement (circle one) steel tape electric tape air line other:			
Well depth: 261 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite Mix			
Casing length: 251 feet Casing diameter: inches Type of casing: 540 BE PVC			
Screen length: 10 feet Screen diameter: 4 inches Type of screen: S40 PVC WOP			
Screen slot size:, OO 8inches	251 feet to 261 feet		
Type of completion (circle all applicable): Gravel packed Under	reamed Telescoped Open hole Natural Development		
Other (describe):			
Top of lap pipe or reduction in casing:feet. If tell	escoped or more than one screen, describe on next page		

Form: OLWR-SWR-1A

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The sketch below only required for water wells

ı	<u>t well t</u>	<u>etescopes,</u>	<u>show</u>	depths	<u>on</u>	sketc
	Gro	and Level				

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
•	Ground Level	
Top Sand	O	5
Sand (Brown)	5	26
Clay (yellow)	るい	38
Clau (Rine)	38	116
Sand (Fine-med) (Blue)	116	120
Clay (Blue)	130	165
Silt (Blue)	165	138
Sand (Gine-mod) (RINE) (Isonia)	178	193
Clau (Blue)	193	237
Sand (Cine-med) (Blue	237	248
Sand (Blue) (med)	248	255
Sand (Blue) (med-coarse)	255	261
	-	
		1

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 aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the 4) a north arrow.	the property that may property and the well;
Lucas Road Lucas Road Well M House Site Temp. Power Pole	
Landowner Name: Gail Luke	Farm OLIMP CW/P

Form: OLWR-SWR-1A

I 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

Michael S. Havard 0-673 8-18-08

Print Name of Responsible Licensee and License No.

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STATE WELL REPORT

County: George Permit #: Date completed: 8-11-08 Copy information from block on Part 1

Telephone No. (601) 508-5052

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)

For Office Use Only:			
Aquifer:			
Well #: #- 112			
Elevation:			

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 Location Well Owner Information Owner Name: Gail Luke Latitude: N 30° 52. 879 Longitude: U88° 26. 342 Mailing Address: 1191 Lucas Road Method of Lat/Long (check one): Conventional Survey____, USGS quad____, Hand-held GPSX, Survey-grade GPS___ 1/4 1/4 Sec 13 T 25 R 5ω Nearest Town Distance Direction

8 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: 11/2 11P	
Date Pump Installed: _	8-11-08		Setting Depth:	105	feet
Rated Pump Capacity:		Gallons Per Minute	Number of Stages:	12	

Pump Test Data	Method of Measuring Water Level Circle one		
Date Well Tested: 8-11-08	Air Line Electric Measuring Line Steel Tape		
Static Water Level (A): Feet Below Land Surface	Other (specify):		
Pumping Water Level (B): Feet Below Land Surface	_		
Drawdown [(B) – (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet		
Test Pumping Rate:Gallons Per Minute	Well yielded 30 GPM with a drawdown of feet after 4.5 hours of pumping		
Duration of Pump Test (minimum 4 hours): 4.5 hours	hours of pumping		

I HEREBY CERTIFY that the above statements are true to the bes	t of my knowledge.	
Michael S. Havard	Mich & H	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	
***************************************	Form - OLVR-9WR\18_	\cap
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