

State Well Report

Part 1 - Driller's Log

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. Howard
Date drilling completed: 6-11-09

For Office Use Only:
Aquifer: _____
Well #: H123
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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Mathew Cashwell</u>	Latitude: <u>30° 54' 36" N</u> Longitude: <u>88° 27' 30" W</u>
Mailing Address: <u>1101 Moody Road</u>	Method of Lat/Long (circle one): Conventional Survey, <u>18</u>
<u>Lucedale MS 39452</u> City State Zip Code	USGS quad, <u>hand-held GPS</u> Survey-grade GPS
Telephone No. <u>(601) 947-8226</u>	<u>SE 1/4 NW 1/4 Sec 2 Twp 22N5 Rng R5W</u>
	Distance <u>7.5</u> Miles Direction <u>East</u> of Nearest Town <u>Lucedale</u>

Well / Borehole Data

Date drilling started: 6-11-09 Date drilling completed: 6-11-09 Hole depth: _____ Hole diameter: _____

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 (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____

Seismic Survey _____ Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check one): Home Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 62 feet above or below (circle one) land surface Date measured: 6-11-09

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

Well depth: 128 Well grouted to a depth of 22 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 118 feet Casing diameter: 4 inches Type of casing: PVC 540 BE

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC 540 WOP

Screen slot size: .008 inches Setting depth: From 118 feet to 128 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 next page*

Form: OLWR-SWR-1A

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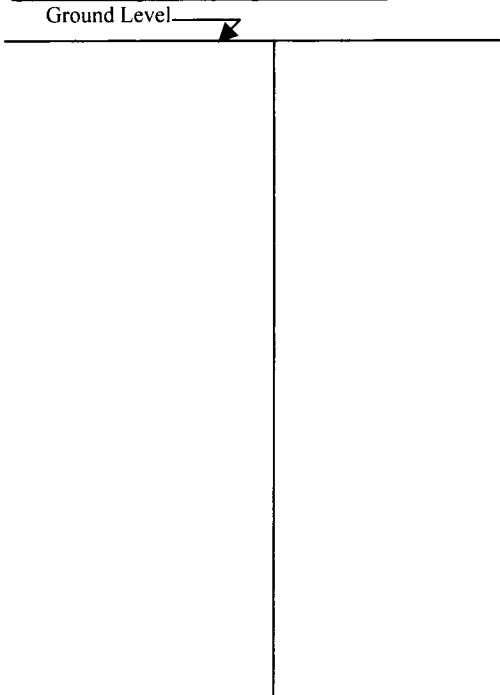
JUL 13 2009

BY: OLWR

The sketch below only required for water wells

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

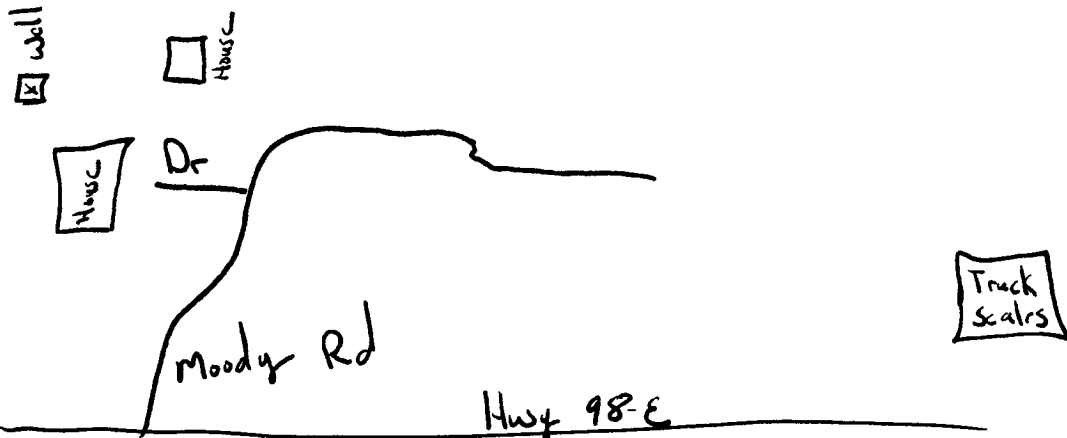
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Top sand	Ground Level	8
Sand	8	15
Sand, Clay	15	36
Clay	36	105
Sand (med)	105	128

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) a north arrow.



Landowner Name: Mathew Cashwell

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 laws.

Michael S. Harvard 0673 7-05-09
 Print Name of Responsible Licensee and License No. Date

[Signature]
 Signature of Licensee

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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: 6-11-09
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: H123
 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 Owner Information	Well Location
Owner Name: <u>Matthew Cashwell</u>	Latitude: <u>N30° 54.36</u> Longitude: <u>W88° 27.36</u> 18
Mailing Address: <u>1101 Moody Road</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Lucedale MS 39452</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SE 1/4 NW 1/4 Sec 2 T24N R5W</u>
Telephone No. (<u>601</u>) <u>947-8226</u>	Distance Direction Nearest Town <u>7.5</u> Miles <u>East</u> of <u>Lucedale</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>6-22-09</u>	Setting Depth: <u>103</u> feet
Rated Pump Capacity: <u>27</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-22-09</u>	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>62</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>75</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>13</u> Feet Below Land Surface	Well yielded <u>35</u> GPM with a drawdown of
Test Pumping Rate: <u>35</u> Gallons Per Minute	<u>13</u> feet after <u>5</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>5</u> hours	

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

Michael S. Havard 0-673 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-100-1 RECEIVED

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