

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: 1-02-10

For Office Use Only:
Aquifer: H 128
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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Kendell Stringellow</u>	Latitude: <u>30° 52' 00"</u> Longitude: <u>88° 28' 36"</u>
Mailing Address: <u>14206 Hwy 98 E</u>	Method of Lat/Long (circle one): Conventional Survey, <u>22</u>
<u>Lucedale</u> MS <u>39452</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SE</u> 1/4 <u>SE</u> 1/4 Sec <u>15</u> Twn <u>T25</u> Rng <u>R5W</u>
Telephone No. (<u>601</u>) <u>977-7396</u>	Distance Direction Nearest Town <u>6</u> Miles <u>East</u> of <u>Lucedale</u>

Well / Borehole Data

Date drilling started: 1-02-10 Date drilling completed: 1-02-10 Hole depth: 310 Hole diameter: 7.5

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: 112 feet above or below (circle one) land surface Date measured: 1-04-10

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

Well depth: 310 Well grouted to a depth of 100 feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 290 feet Casing diameter: 4 inches Type of casing: PVC 540 BE

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC WOP

Screen slot size: .010 inches Setting depth: From 290 feet to 310 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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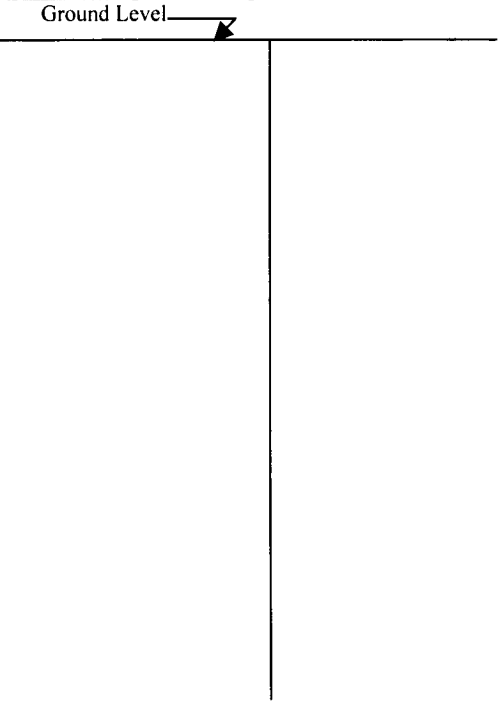
FEB 15 2010

BY: OLWR

H 128

The sketch below only required for water wells

If well telescopes, show depths on sketch.

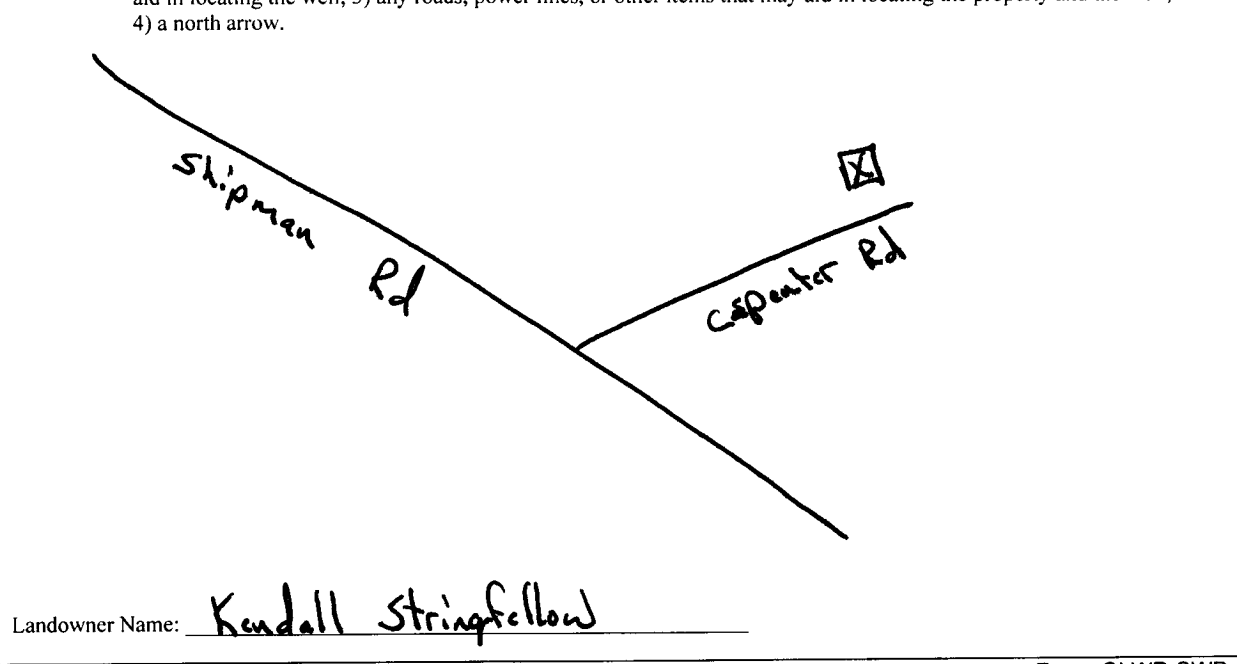


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Topsand	Ground Level	28
Clay	28	53
Sand	53	68
Clay	68	132
Sand	132	140
Clay	140	152
Sand	152	158
Clay	158	220
Sand	220	226
Silt	226	273
Sand	273	285
Sand	285	310

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.



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. Howard 0-693 2-10-10
Print Name of Responsible Licensee and License No. Date

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. Harvard
 Date completed: 1-04-10
Copy information from block on Part 1

For Office Use Only:

Aquifer: H138
 Well #: _____
 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>Kendall Stringfellow</u>	Latitude: <u>30°52.000</u> Longitude: <u>88°28.36</u>
Mailing Address: <u>14206 Hwy 98 E</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	_____ ¼ _____ ¼ Sec <u>15</u> T <u>T2S</u> R <u>R5W</u>
Telephone No. (<u>601</u>) <u>947-7396</u>	Distance Direction Nearest Town <u>6</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: <u>7.5</u>
Date Pump Installed: <u>1-15-10</u>	Setting Depth: <u>170</u> feet
Rated Pump Capacity: <u>85</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-04-10</u>	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>112</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>140</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>28</u> Feet Below Land Surface	Well yielded <u>90</u> GPM with a drawdown of
Test Pumping Rate: <u>90</u> Gallons Per Minute	<u>28</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. Harvard 0-693 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form **OLWR-501** **RECEIVED**

FEB 13 2010

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