

# 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)

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: K-94  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: George  
Permit #: \_\_\_\_\_  
Driller: Stephen Howard  
Date drilling completed: 9-16-05

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	Well Location
Owner Name: <u>Billy Ford</u>	Latitude: <u>30° 48' 39"</u> Longitude: <u>88° 40' 24"</u>
Mailing Address: <u>113 Derr Run</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey
<u>Lucedale MS 39452</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NW 1/4 NE 1/4 Sec 15 Twn T35 Rng R7W</u>
Telephone No. (601) <u>966-0115</u>	Distance Direction Nearest Town Miles of

**Well Data**

Purpose of Well (circle one): None Industrial Public Supply Irrigation Fish Culture Other: test hole

Date well drilling started: 9-16-05 Date well drilling completed: 9-16-05

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 0 feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Hole depth: 160 Well depth: no well Well grouted to a depth of 25 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: ∅ feet Casing diameter: ∅ inches Type of casing: none

Screen length: ∅ feet Screen diameter: ∅ inches Type of screen: none

Screen slot size: ∅ inches Setting depth: From ∅ feet to ∅ feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development  
Other (describe): test hole

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. Howard 0-693

Print Name of Water Well Contractor and License No.

[Signature]  
Signature of Water Well Contractor

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K-94

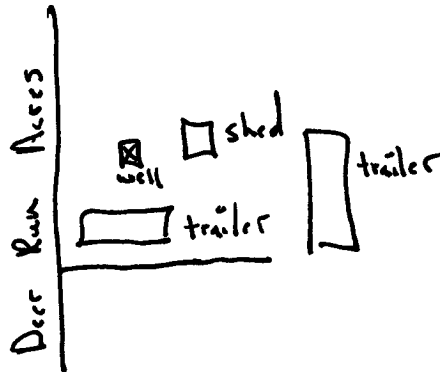
If well telescopes please sketch below and show depths.

Ground Level

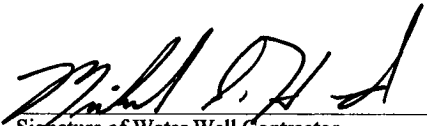
Description of Formations Encountered	From	To
Top sand	0	5
sand (med)	5	39
clay	39	55
silt	55	68
clay	68	75
sand (fine to med)	75	81
clay	81	85
silt	85	92
sand (fine)	92	98
clay	98	110
silt	110	130
sand (fine)	130	142
clay	142	148
silt	148	160

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: Billy Ford

  
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: Stephen Havard  
 Date completed: \_\_\_\_\_

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: K-94  
 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	Well Location
Owner Name: <u>Billy Ford</u>	Latitude: <u>N30:48.391</u> Longitude: <u>W88:40.94</u>
Mailing Address: <u>113 Deer Run Acres</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Lucedale MS 39452</u>	_____ 1/4 _____ 1/4 Sec <u>15</u> Twn <u>T35</u> Rng <u>R7W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( <u>601</u> ) <u>766-0115</u>	<u>4</u> Miles <u>S</u> of <u>Central</u>

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): <u>no pump</u>
Other (specify): <u>no pump installed</u>	Horse Power Rating of Motor: _____
Date Pump Installed: _____	Setting Depth: _____ feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: _____

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

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) Signature of Pump Installer

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 BY: OLWR