

County: George  
 Permit #: \_\_\_\_\_  
 Driller: Mike & Wade  
 Date drilling completed: 3-21-08

**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)

**For Office Use Only:**

Aquifer: 107  
 Well #: K-106  
 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<br><i>(Landowner if borehole is not for a water well)</i> | Well or Borehole Location   |
|---|---|
| Owner Name: <u>Shelly Bond</u>  | Latitude: <u>30° 47' 22"</u> Longitude: <u>88° 41' 12"</u>  |
| Mailing Address: <u>17724 Wolfridge Rd</u>  | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Mon Point MS 39562</u>   | IR $\frac{1}{4}$ , IR $\frac{1}{4}$ Sec <u>17</u> Twn <u>T35</u> Rng <u>R7W</u>                     |
| City State Zip Code   | Distance <u>9</u> Miles Direction <u>S</u> of Nearest Town <u>Lucedale</u>                          |
| Telephone No. ( ) _____   |   |

**Well / Borehole Data**

Date drilling started: 3-21-08 Date drilling completed: 3-21-08 Hole depth: 265 Hole diameter: 4 1/2

Location of the source of any surface water used for drilling: NONE

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: found 6' feet  above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Well depth: 265 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite  Mix

Casing length: 255 feet Casing diameter: 2 inches Type of casing: PVC 40

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

Screen slot size: 6 inches Setting depth: From 255 feet to 265 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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# 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: Maly & Wood  
 Date completed: 3-24-08  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: 107  
 Well #: K-106  
 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>Shelley Bond</u>            | Latitude: _____ Longitude: _____                             |
| Mailing Address: <u>17724 Wolfcreek Rd</u> | Method of Lat/Long (check one): Conventional Survey _____    |
| <u>Lucedal MS 39452</u>                    | USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ |
| City State Zip Code                        | _____ 1/4 _____ 1/4 Sec <u>17 T35R R7W</u>                   |
| Telephone No. (____) _____                 | Distance Direction Nearest Town                              |
|  | <u>9</u> Miles <u>S</u> of <u>Lucedal</u>                    |

| Pump Type<br>Circle one   | Power Type<br>Circle one   |
|---|--|
| Air Lift <input checked="" type="radio"/> Jet <input type="radio"/> Submersible | <input checked="" type="radio"/> Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas |
| Bucket <input type="radio"/> Piston <input type="radio"/> Turbine               | <input type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO                      |
| Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well     | <input type="radio"/> Windmill <input type="radio"/> Other (specify): _____  |
| Other (specify): _____  | Horse Power Rating of Motor: <u>1/2</u>  |
| Date Pump Installed: <u>3-24-08</u>   | Setting Depth: <u>20'</u> feet   |
| Rated Pump Capacity: <u>6-8</u> Gallons Per Minute                              | Number of Stages: <u>1</u>   |

| Pump Test Data  | Method of Measuring Water Level<br>Circle one  |
|---|--|
| Date Well Tested: _____   | <input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape |
| Static Water Level (A): <u>flowed</u> Feet Below Land Surface                               | Other (specify): _____   |
| Pumping Water Level (B): <u>1'</u> Feet <input checked="" type="radio"/> Below Land Surface | For flowing well, measured shut in head: _____ feet  |
| Drawdown [(B) - (A)]: <u>6'</u> Feet Below Land Surface                                     | Well yielded <u>6</u> GPM with a drawdown of   |
| Test Pumping Rate: <u>6</u> Gallons Per Minute  | <u>6</u> feet after <u>1 1/2</u> hours of pumping  |
| Duration of Pump Test (minimum 4 hours): <u>4</u> hours                                     |  |

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

Michael R Fry Fogle 0408 Michael R Fry Fogle  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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