

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)

County: George
Permit #: _____
Driller: Michael S. Harvard
Date drilling completed: 10-23-06

For Office Use Only:
Aquifer: _____
Well #: L-150
L. S. Elevation: _____
E-log #: _____

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>Dwaine Landrum</u>		Latitude: <u>30° 48' 55" N</u>	Longitude: <u>88° 35' 49" W</u>
Mailing Address: <u>6001 Shingle Mill Rd</u>		Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS	
<u>Lucedale MS 39452</u>		<u>SE 1/4 NW 1/4 Sec 4 Twn T35 Rng R6W</u>	
City: _____ State: _____ Zip Code: _____		Distance: <u>4.5</u> Miles	Direction: <u>S</u> of Nearest Town: <u>Lucedale</u>
Telephone No. <u>(228) 475-8656</u>			

Well Data

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

Date well drilling started: 10-23-06 Date well drilling completed: 10-23-06

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

Static Water Level: 62 feet above or below (circle one) land surface Date measured: 10-23-06

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

Hole depth: 126 Well depth: 126 Well grouted to a depth of 18 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 116 feet Casing diameter: 2 inches Type of casing: PVC 540

Screen length: 10 feet Screen diameter: 2 inches Type of screen: WOP PVC

Screen slot size: .006 inches Setting depth: From 116 feet to 126 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 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. Harvard 0-673
Print Name of Water Well Contractor and License No.

[Signature]
Signature of Water Well Contractor

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L-150

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Top Sand	0	10
Sand	10	12
Clay	12	68
Silt	68	75
Sand (fine)	75	95
Clay	95	98
Sand, Med	98	100

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: Dwaine Landrum

[Signature]
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: Michael S. Howard
 Date completed: 10-25-06

For Office Use Only:

Aquifer: _____
 Well #: L-150
 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>Dwaine Handman</u>	Latitude: <u>W 30° 48' 55.4"</u> Longitude: <u>W 88° 35' 29.11"</u>
Mailing Address: <u>6001 Shingle Mill Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Mooss Point MS 39562</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SE</u> 1/4 <u>NW</u> 1/4 Sec <u>4</u> Twn <u>T3S</u> Rng <u>R6W</u>
Telephone No. (<u>228</u>) <u>475-8656</u>	Distance Direction Nearest Town <u>4.5</u> Miles <u>S</u> of <u>Lucedale</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Jet <input type="radio"/> Submersible	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>10-25-06</u>	Setting Depth: <u>85</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-25-06</u>	<input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>62</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>70</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>8</u> Feet Below Land Surface	Well yielded <u>10</u> GPM with a drawdown of
Test Pumping Rate: <u>10</u> Gallons Per Minute	<u>8</u> feet after <u>4.5</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4.5</u> hours	

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

Michael S. Howard 0-673 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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