

# 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: 10-20-06

### For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: L-151  
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>Richard Maskew</u>	Latitude: <u>30° 48' <del>63</del><sup>38</sup>"</u> Longitude: <u>88° 35' <del>42</del><sup>25</sup>"</u>
Mailing Address: <u>195 Wayne Lee Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad <u>Hand-held GPS</u> , Survey-grade GPS
<u>Lucedale</u> MS <u>39452</u>	<u>SE</u> 1/4 <u>SW</u> 1/4 Sec <u>4</u> Twn <u>735</u> Rng <u>R6W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 508-4710</u>	<u>4.5</u> Miles <u>S</u> of <u>Lucedale</u>

### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_  
Date well drilling started: 10-20-06 Date well drilling completed: 10-20-06  
If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 55 feet above or below (circle one) land surface Date measured: 10-20-06  
Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
Hole depth: 115 Well depth: 115 Well grouted to a depth of 18 feet  
Type of grout (circle one): Cement Bentonite Mix  
Casing length: 105 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: 1004 inches Setting depth: From 105 feet to 115 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-151

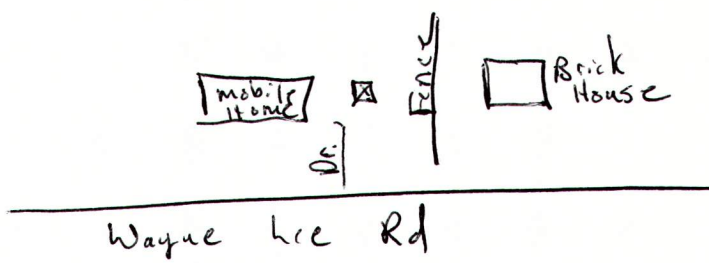
If well telescopes please sketch below and show depths.

Ground Level

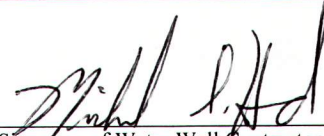
Description of Formations Encountered	From	To
Top sand	0	10
Sand	10	15
Clay	15	65
Silt	65	72
Sand, fine - med	72	95
Clay	95	96
Sand, med	96	115

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: Richard Maskew

  
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. Havard  
 Date completed: 10-21-06

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: 4-151  
 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>Richard Maskew</u>	Latitude: <u>W 30° 48.63</u> Longitude: <u>W 88° 35.42</u>
Mailing Address: <u>195 Wayne Lcc 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> City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>4</u> Twn <u>T35</u> Rng <u>R60</u>
Telephone No. <u>(601) 508-4710</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"/> <u>Jet</u> <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"/> <u>Electric Motor</u> <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>10-21-06</u>	Setting Depth: <u>80</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>10-20-06</u>	<input checked="" type="radio"/> <u>Air Line</u> <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>55</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>45</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>10</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>10</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. Havard [Signature]  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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