

# STATE WELL REPORT

## Part 1

### Driller's Log

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2309  
Jackson, MS 39225-2309  
(601)961-5210  
(601)360-0535 (fax)

#### For Office Use Only:

Well #: M 224  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: George  
Permit #: \_\_\_\_\_  
Driller: Michael S. Howard  
Date drilling completed: 11-21-2013

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.

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Williams Nursery</u>	Latitude: <u>30°47'4.62"N</u> Longitude: <u>88°31'40.69"W</u>
Mailing Address: <u>233 Willie Finch Rd</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Lucedale</u> MS <u>39452</u>	<u>NW</u> ¼ <u>SW</u> ¼, Sec <u>18</u> T <u>T3S</u> R <u>R5W</u>
City State Zip Code	<u>1.5</u> Miles <u>South</u> of <u>Agicola</u>
Telephone No. <u>(601) 947-8276</u>	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 11-20-2013 Date drilling completed: 11-21-2013 Hole depth: 100' Hole diameter: 7 1/4"

Location of the source of any surface water used for drilling: \_\_\_\_\_

Method of dosing and volume of Chlorine used in drilling and development: time released chlorine in tank + Well - 5 Gal. Direct Inj. to well.

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (circle 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 (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): \_\_\_\_\_

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

Static Water Level: 32' feet [above or below land surface] (circle one) Date measured: 11-21-2013

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): \_\_\_\_\_

Well depth: 100' Well grouted to a depth of: 12' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 90' feet Casing diameter: 4" inches Type of casing: PVC 540 BE

Screen length: 10' feet Screen diameter: 4" inches Type of screen: WOP PVC

Screen slot size: .008" inches Setting depth: From 90' feet to 100' feet

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

Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet

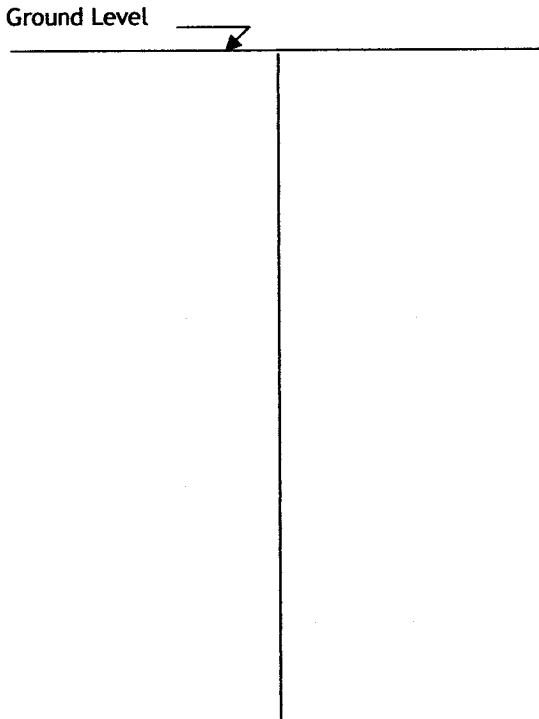
*If telescoped or more than one screen, describe on next page*

County: George  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
 Well #: M224

The sketch below only required for water wells

If well telescopes, show depths on sketch.

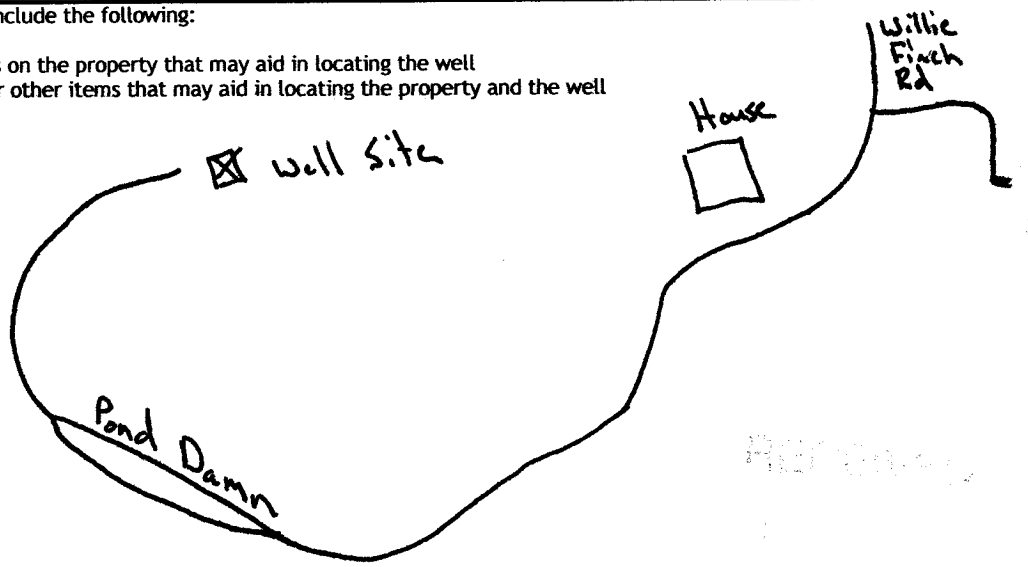


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay mix	Ground level	15'
Clay Grey	15'	35'
Clay Blue	35'	50'
Sand/Silt	50'	65'
Sand (med)	65'	82'
Sand (fine)	82'	88'
Sand (med-coarse)	88'	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) north arrow



Landowner Name: Williams Nursery

I HEREBY 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. Harvard 0673  
 Print Name of Responsible Licensee and License No.

12-03-2013  
 Date

[Signature]  
 Signature of Licensee

# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2309  
Jackson, MS 39225-2309  
(601)961-5210  
(601) 360-0535 (fax)

### For Office Use Only:

Well #: 11224

Aquifer: \_\_\_\_\_

County: George

Permit #: \_\_\_\_\_

Driller: Michael S. Havard

Date completed: 11-21-2013

Copy information from block on Part 1

*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>Williams Nursery</u>	Latitude: <u>30°47'4.62" N</u> Longitude: <u>88°31'40.69" W</u>			
Mailing Address: <u>233 Willie Finch Road</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____			
<u>Lucedale</u> City	<u>MS</u> State	<u>39452</u> Zip Code	<u>NW 1/4 - SW 1/4</u> , Sec <u>18</u> T <u>35</u> R <u>R5W</u>	
Telephone No. ( <u>601</u> ) <u>947-8276</u>			<u>1.5</u> Miles (Distance) <u>South</u> of <u>Agricola</u> (Direction) (Nearest Town)	

**Pump Type (circle one)**

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_

Date Pump Installed: 11-23-2013 Rated Pump Capacity: 18 Gallons Per Minute

Is This Pump (circle one):  New Repaired Replacement

**Power Type (circle one)**

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): \_\_\_\_\_

Horse Power Rating of Motor: 1 Setting Depth: 80 feet Number of Stages: 8

**Pump Test Data for Non Flowing Well**

Date Well Tested: 11-21-2013 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 32' Feet Below Land Surface Pumping Water Level (B): 50' Feet Below Land Surface

Drawdown [(B) - (A)]: 22' Feet Below Land Surface Test Pumping Rate: 28 Gallons Per Minute

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well**

Measured shut in head: \_\_\_\_\_ feet.

Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation**

Meter Manufacturer: \_\_\_\_\_ Meter Serial Number: \_\_\_\_\_

Meter Model Number/Name: \_\_\_\_\_ Type of Meter: \_\_\_\_\_

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_

Installation Date: \_\_\_\_\_ Meter installed by: \_\_\_\_\_

Is This Meter (circle one): New Repaired Replacement

*Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.*

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

Michael S. Havard 0-673 12-03-2013 [Signature]  
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer