

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: Greene 041
Permit #:
Driller: Michaels, Howard
Date drilling completed: 03-08-05

For Office Use Only:
Aquifer:
Well #: P-71
L. S. Elevation:
E-log #:

Howard Drilling Company

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: Owner Name Gerald Pugh, Mailing Address P.O. Box 1445, Leakesville MS 39451, Telephone No. (601) 394-4035
Well Location: Latitude: 31° 07' 82.6" Longitude: 88° 32' 28.9", Method of Lat/Long: Conventional Survey, USGS quad: Hand-held GPS, SE 1/4 SW 1/4 Sec 13, Twn T2N, Rng R6W, Distance 3 Miles, Direction S, Nearest Town Leakesville

Well Data: Purpose of Well (circle one) Home, Industrial, Public Supply, Irrigation, Fish Culture, Other:
Date well drilling started: 3-08-05, Date well drilling completed: 3-08-05
If flowing, method of flow regulation: Valve, Other (describe):
Static Water Level: 84 feet above or below (circle one) land surface, Date measured: 03-08-05
Method of Measurement (circle one) steel tape, electric tape, air line, other:
Hole depth: 76, Well depth: 76, Well grouted to a depth of 18 feet
Type of grout (circle one): Cement, Bentonite, Mix
Casing length: 66 feet, Casing diameter: 2 inches, Type of casing: Sch 40 PVC S-wtc
Screen length: 10 feet, Screen diameter: 2 inches, Type of screen: WOP PVC S-wrap
Screen slot size: .006 inches, Setting depth: From 66 feet to 76 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. Howard 0-693

Signature of Water Well Contractor

Print Name of Water Well Contractor and License No.

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BY: OLWR

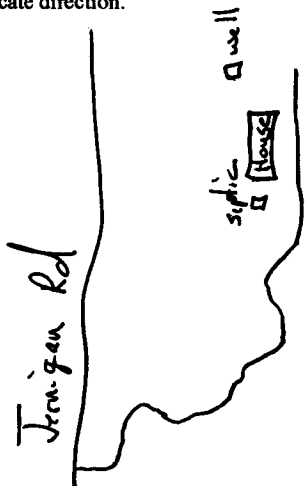
If well telescopes please sketch below and show depths.

Ground Level

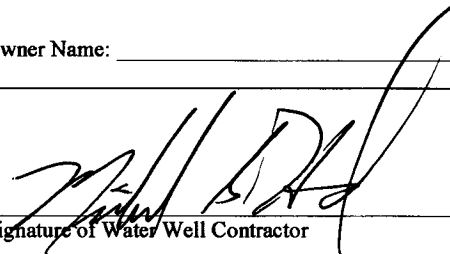
Description of Formations Encountered	From	To
Topsand	0	5
sand (med)	5	15
Clay	15	43
sand (fine)	43	50
Clay	50	58
sand (fine to med)	58	65
sand (med)	65	76

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: \_\_\_\_\_

  
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: Greene  
 Permit #: \_\_\_\_\_  
 Driller: Michaels. Howard  
 Date completed: 03-08-05

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: P-71  
 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>Gerald Pugh</u>	Latitude: <u>31° 07.826</u> Longitude: <u>88° 32.789</u>
Mailing Address: <u>P.O. Box 1445</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <del>hand-held GPS</del> Survey-grade GPS
<u>Leakesville MS 39452</u> City State Zip Code	1/4 1/4 Sec <u>13</u> Twn <u>T2N</u> Rng <u>R6W</u>
Telephone No. ( <u>601</u> ) <u>394-4035</u>	Distance Direction Nearest Town <u>3</u> Miles <u>S</u> of <u>Leakesville</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>3-11-05</u>	Setting Depth: <u>32</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>03-01-05</u>	<input checked="" type="radio"/> Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>04</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>10</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>6</u> Feet Below Land Surface	Well yielded <u>12</u> GPM with a drawdown of
Test Pumping Rate: <u>12</u> Gallons Per Minute	<u>6</u> feet after <u>4</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 S. Howard 0-693 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 BY: OLWR