

County: Greene  
 Permit #: \_\_\_\_\_  
 Driller: Michael S. Harvard  
 Date drilling completed: 12-02-07

## 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: \_\_\_\_\_  
 Well #: P-82  
 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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Ralph Hillman (07085)</u>	Latitude: <u>31° 07' 40" N</u> Longitude: <u>88° 32' 40" W</u>
Mailing Address: <u>P.O. Box 395</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Leaksville MS</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NW</u> ¼ <u>NE</u> ¼ Sec <u>26</u> Twn <u>T2N</u> Rng <u>R6W</u>
Telephone No. ( <u>601</u> ) <u>525-6180</u>	Distance: <u>4</u> Miles Direction: <u>2A</u> of Nearest Town: <u>Leaksville</u>

**Well / Borehole Data**

Date drilling started: 12-02-07 Date drilling completed: 12-02-07 Hole depth: 72 Hole diameter: 4 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: \_\_\_\_\_

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***

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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: 05 feet above or below (circle one) land surface Date measured: 12-02-07

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

Well depth: 72 Well grouted to a depth of 17 feet Type of grout (circle one): Neat Cement  Bentonite  Mix

Casing length: 67 feet Casing diameter: 2 inches Type of casing: PVC 34 BE

Screen length: 5 feet Screen diameter: 2 inches Type of screen: WOP PVC

Screen slot size: .006 inches Setting depth: From 67 feet to 72 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: Greene  
 Permit #: \_\_\_\_\_  
 Driller: Michael S. Harvard  
 Date completed: 12-02-07  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: P-82  
 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>Ralph Hillman</u>	Latitude: <u>N31°07.469</u> Longitude: <u>W88°32.490</u>
Mailing Address: <u>P.O. Box 395</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Lakesville</u> MS <u>39451</u>	_____ ¼ _____ ¼ Sec <u>26</u> T <u>2N</u> R <u>6W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( <u>601</u> ) <u>525-6180</u>	<u>4</u> Miles <u>S</u> of <u>Lakesville</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor <u>Hand</u> Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): <u>Hand Pump</u>	Horse Power Rating of Motor: <u>N/A</u>
Date Pump Installed: <u>12-02-07</u>	Setting Depth: <u>20</u> feet
Rated Pump Capacity: <u>1/2</u> Gallons Per Minute	Number of Stages: <u>0</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-02-07</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>05</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>15</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</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. Harvard 0-673 [Signature]  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B  
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