

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)

For Office Use Only:

Aquifer: _____

Well #: OR-38

L. S. Elevation: _____

E-log #: _____

County: Green

Permit #: _____

Driller: Heath Williams

Date drilling completed: 06/28/07

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: Wade Bergeron

Mailing Address: 1002 Calvin Rd

McLain Ms. 39456
City State Zip Code

Telephone No. (239) 770 4503

Well Location

Latitude: 31° 04' 57" Longitude: 88° 49' 32" ^{50 19}

Method of Lat/Long (circle one): Conventional Survey,

Hand-held GPS Survey-grade GPS

USGS quad: NW 1/4 Sec 10 Twn 1N Rng 8W

Distance 2 Miles Direction S of Nearest Town McLain

Well Data

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

Date well drilling started: 06/27/07 Date well drilling completed: 06/28/07

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

Static Water Level: 82 feet above or below (circle one) land surface Date measured: 06/28/07

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

Hole depth: 116 Well depth: 116 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 106 feet Casing diameter: 2 inches Type of casing: PVC

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

Screen slot size: 0.008 inches Setting depth: From 106 feet to 116 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: USUAL

Name of organization running log(s): W-Geotechnical and testing

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.

Heath S. Williams 0-790

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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23 2007

BY: OLWR

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)

For Office Use Only:

Aquifer: _____

Well #: R-38

Elevation: _____

County: Green

Permit #: _____

Driller: Heath Williams

Date completed: 06/28/07

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>Wade Burgeron</u>	Latitude: <u>31° 04' 57" N</u> Longitude: <u>88° 49' 32" W</u>
Mailing Address: <u>1002 Calum Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>McLain Ms. 39456</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SW 1/4 NE 1/4 Sec 6 Twn 1N Rng 8W</u>
Telephone No. <u>(239) 770 4503</u>	Distance Direction Nearest Town
	<u>2 Miles S of McLain</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Jet Submersible	Diesel Engine Gasoline Engine 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 Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 hp</u>
Date Pump Installed: <u>06/28/07</u>	Setting Depth: _____ feet
Rated Pump Capacity: <u>7</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>06/28/07</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>82</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Heath S. Williams 0-790
Print Name of Pump Installer and License No. (if applicable)

Heath S. Williams
Signature of Pump Installer

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BY: OLWR