

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
Permit #: _____
Driller: Michael S. Harvard
Date drilling completed: 06-25-07

For Office Use Only:
Aquifer: _____
Well #: U-22
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>Terrill Green</u>	Latitude: <u>31° 02' 23"</u> Longitude: <u>88° 31' 85"</u>
Mailing Address: <u>243 Old Edith Rd</u>	Method of Lat/Long (circle one): Conventional Survey, <u>14</u> <u>51</u>
<u>Lucedale MS 39452</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	<u>SW</u> ¼ <u>NW</u> ¼ Sec <u>19</u> Twn <u>T1N</u> Rng <u>R5W</u>
Telephone No. (<u>601</u>) <u>947-2845</u>	Distance Direction Nearest Town <u>3</u> Miles <u>N</u> of <u>County line Hwy 63</u>

Well Data

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

Date well drilling started: 06-25-07 Date well drilling completed: 06-25-07

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

Static Water Level: 103 feet above or below (circle one) land surface Date measured: 6-25-07

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

Hole depth: 145 Well depth: 145 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 135 feet Casing diameter: 2 inches Type of casing: PVC 340 BE

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

Screen slot size: .008 inches Setting depth: From 135 feet to 145 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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If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Topsand	0	10
Clay	10	15
Clay	15	30
Sand	30	40
Clay	40	60
Sand	60	70
Rock	70	71
Clay	71	90
Sand	90	100
Clay	100	125
sand	125	145

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.

The sketch shows a property layout with a vertical line on the left labeled 'Hwy 63 N' and a horizontal line at the bottom labeled 'Old Edith Rd'. A square labeled 'House' is located in the upper right quadrant. A square with an 'X' inside is labeled 'well' and is located in the upper right quadrant, to the right of the house.

Landowner Name: Terrill Green

Terrill Green

 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: Michael S. Harvard
 Date completed: 06-25-07

For Office Use Only:

Aquifer: _____
 Well #: U-72
 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>Terrill Green</u>	Latitude: <u>N31°02.23</u> Longitude: <u>W88°31.85</u>
Mailing Address: <u>243 Old Edith 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>	_____ ¼ _____ ¼ Sec <u>19</u> Twn <u>T1N</u> Rng <u>R5W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (<u>601</u>) <u>947-2845</u>	<u>3</u> Miles <u>N</u> of <u>County Line</u> <u>63W</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> <u>Jet</u> <input type="radio"/> Submersible	Diesel Engine Gasoline Engine 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 Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1.5 HP</u>
Date Pump Installed: <u>06-27-07</u>	Setting Depth: <u>135</u> feet
Rated Pump Capacity: <u>7</u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>06-27-07</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>103</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>110</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>7</u> Feet Below Land Surface	Well yielded <u>7</u> GPM with a drawdown of
Test Pumping Rate: <u>7</u> Gallons Per Minute	<u>7</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

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