

# 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 #: F 47  
L. S. Elevation: 4115  
E-log #: \_\_\_\_\_

County: Greene 04  
Permit #: \_\_\_\_\_  
Driller: Michael S. Havard  
Date drilling completed: 12-04-04  
Havard Drilling Co.

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>Lowell Barfield</u>	Latitude: <u>31° 02' 48"</u> Longitude: <u>88° 31' 28"</u>
Mailing Address: <u>1316 Dr. Campbells Dr</u>	Method of Lat/Long (circle one): Conventional Survey, <u>47</u>
	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
<u>Wiggins MS 39597</u>	<u>SE 1/4 SW 1/4 Sec 19 Twn 11 N Rng 6 W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 928-4497</u>	<u>8 Miles S of Weaksville</u>

**Well Data**

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

Date well drilling started: 12-04-04 Date well drilling completed: 12-04-04

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

Static Water Level: 78 feet above or below (circle one) land surface Date measured: 12-04-04

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

Hole depth: 97 Well depth: 97 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 87 feet Casing diameter: 2 inches Type of casing: 540 PVC

Screen length: 10 feet Screen diameter: 2 inches Type of screen: WOP PVC 540

Screen slot size: .006 inches Setting depth: From 87 feet to 97 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. Havard 0-673  
Print Name of Water Well Contractor and License No.

Michael S. Havard  
Signature of Water Well Contractor

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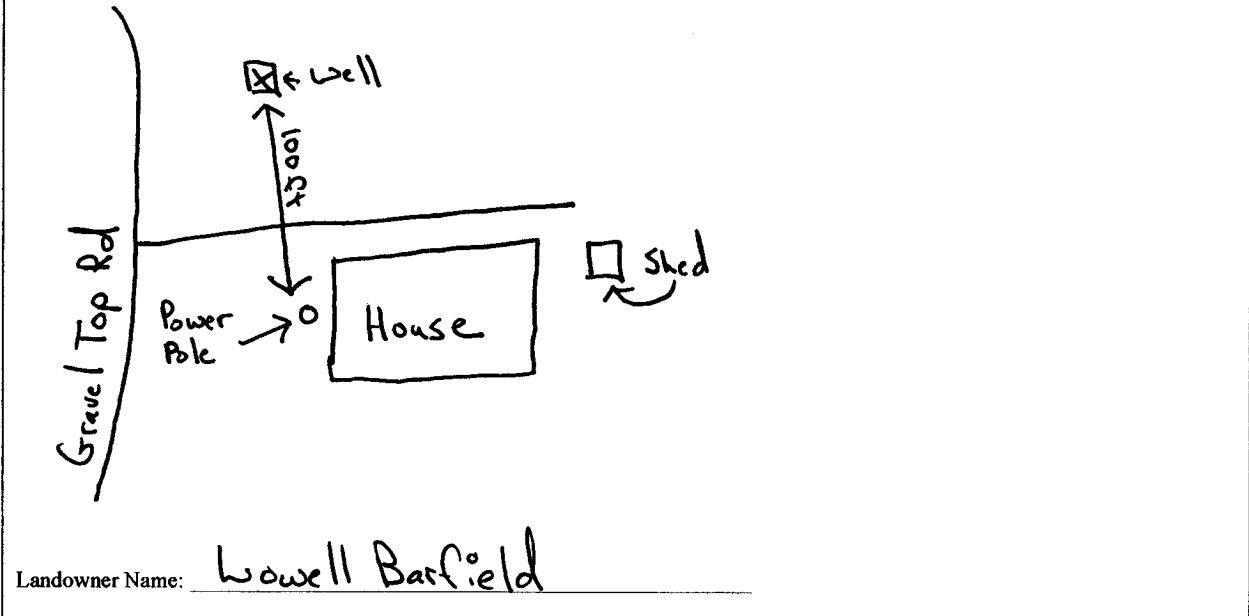
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered		From	To
Clay	Grey	5	0
Clay	yellow	6	5
Clay	Grey	6	12
Silt	Brown	4	48
Clay	Blue	6	55
Sand	Brown	3	75
- yellow clay -			

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.



*[Handwritten Signature]*  
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. Havard  
 Date completed: 12-06-04

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: J47  
 Elevation: 1115

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>Lowell Barfield</u>	Latitude: <u>31°02.68N</u> Longitude: <u>88°31.783W</u>
Mailing Address: <u>1316 Dr Campbell Dr</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Wiggins</u> <u>MS</u> <u>39452</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	¼ Sec <u>17</u> Twn <u>T1N</u> Rng <u>R6W</u>
Telephone No. <u>(601) 928-4497</u>	Distance Direction Nearest Town
	<u>8</u> Miles <u>S</u> of <u>Weaksville</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	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>12-06-04</u>	Setting Depth: <u>88</u> feet
Rated Pump Capacity: <u>8</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-06-04</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>78</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>88</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>8</u> GPM with a drawdown of
Test Pumping Rate: <u>8</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. Havard Michael S. Havard  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 12/10/04