

County Hancock  
 Permit # \_\_\_\_\_  
 Driller Elmer  
 Date drilling completed 3-7-08

**Well Driller Report and Well 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 # K-755  
 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>Worford cond</u>	Latitude: <u>30° 17' 30.7" N</u> Longitude: <u>89° 26' 49.5" W</u>
Mailing Address: _____	Method of Lat/Long (circle one): Conventional Survey, _____
<u>7950 Summit Lakes dr</u>	USGS quad (circle one): Hand-held GPS, Survey-grade GPS
<u>Hammer</u> <u>FL</u>	<u>Nw 1/4 Sw 1/4</u> Sec <u>6</u> Twn <u>9S</u> Rng <u>14W</u>
City _____ State _____ Zip Code _____	Distance _____ Miles _____ of _____
Telephone No. (____) _____	<u>6154 West Newton</u>

**Well Data**

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

Date well drilling started: 3-7-08 Date well drilling completed: 3-7-08

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

Static Water Level: 15 feet above or below (circle one) land surface Date measured: 3-7-08

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

Hole depth: 125 Well depth: 120 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 110 feet Casing diameter: 4 inches Type of casing: sch 40

Screen length: 10 feet Screen diameter: 4 inches Type of screen: sch 40

Screen slot size: 1.01 inches Setting depth: From 110 feet to 120 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.

Benjamin P. ... 0793  
 Print Name of Water Well Contractor and License No.

[Signature]  
 Signature of Water Well Contractor

**RECEIVED**  
 MAR 25 2008  
**BY: OLWR**

If well telescopes please sketch below and show depths.

# 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 #	<u>K-755</u>
Elevation	_____

County	<u>hancock</u>
Permit #	_____
Driller	<u>Elmer</u>
Date completed	<u>3-7-08</u>

**This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.**

Well Owner Information	Well Location
Owner Name: <u>Waterford cont</u>	Latitude: <u>30° 17.307N</u> Longitude: <u>089° 26.495W</u>
Mailing Address: _____ <u>7950 Summerlin Lakes Dr</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Plymouth</u> <u>FL</u> City State Zip Code	____ 1/4 ____ 1/4 Sec ____ Twn ____ Rng ____
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____ Miles of _____ <u>6.54 west Newton</u>

Pump Type Circle one	Power Type Circle one
Air Lift _____ Jet _____ <u>Submersible</u>	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>3-7-08</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-2-08</u>	Air Line _____ Electric Measuring Line _____ <u>Steel Tape</u>
Static Water Level (A): <u>15</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>25</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 _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>20</u> Gallons Per Minute	
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.

Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

RECEIVED

MAR 25 2008

BY: OLWR

