

# 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: Jackson  
Permit #: \_\_\_\_\_  
Driller: Michael S. Howard  
Date drilling completed: 12-06-06

**For Office Use Only:**  
Aquifer: \_\_\_\_\_  
Well #: D-241  
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>Chad Burroughs</u>	Latitude: <u>30° 40' 47"</u> Longitude: <u>88° 30' 41"</u>
Mailing Address: <u>P.O. Box 343</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u>
<u>Harley</u> MS <u>39555</u>	USGS quad: <u>NW 1/4 NW 1/4 Sec 29 T45 R5W</u>
City State Zip Code	Distance: <u>3</u> Miles Direction: <u>N</u> of Nearest Town: <u>Harley</u>
Telephone No. ( <u>228</u> ) <u>588-0052</u>	

**Well Data**

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

Date well drilling started: 12-06-06 Date well drilling completed: 12-06-06

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

Static Water Level: 18 feet above or below (circle one) land surface Date measured: 12-06-06

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

Hole depth: 72 Well depth: 72 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 62 feet Casing diameter: 2 inches Type of casing: PVC 540 BE

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

Screen slot size: .006 inches Setting depth: From 62 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 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. Howard 0-623  
Print Name of Water Well Contractor and License No.

[Signature]  
Signature of Water Well Contractor

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D-241

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Top sand	0	5
sand	5	35
Clay	35	55
Sand	55	66

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 rectangular area representing a property. On the left side, there is a horizontal line labeled "Lot #9". To the right of this line is a square labeled "House". Below the "House" is a small square with an "X" inside, labeled "well". To the right of the "House" and "well" is a vertical line labeled "Road".

Landowner Name: Chad Burroughs

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: Jackson  
 Permit #: \_\_\_\_\_  
 Driller: Michael S. Howard  
 Date completed: 12-12-06

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: D-241  
 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>Chad Burroughs</u>	Latitude: <u>N 30° 40.47</u> Longitude: <u>W 88° 30.61</u>
Mailing Address: <u>P.O. Box 343</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS
<u>Hurley</u> MS <u>39555</u> City State Zip Code	____ ¼ ____ ¼ Sec <u>29</u> Twn <u>T4S</u> Rng <u>R5W</u>
Telephone No. <u>(228) 588-0052</u>	Distance Direction Nearest Town <u>3</u> Miles <u>N</u> of <u>Hurley</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket <input type="radio"/> Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal <input type="radio"/> Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>12-12-06</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-12-06</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>18</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>28</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. Howard 0-673 [Signature]  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 DEC 21 2006  
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