

# 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: 01-08-07

**For Office Use Only:**  
Aquifer: \_\_\_\_\_  
Well #: D-259  
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>JW Naramore Construction</u>	Latitude: <u>30° 40' 40"</u> Longitude: <u>88° 30' 47"</u>
Mailing Address: _____	Method of Lat/Long (circle one): Conventional Survey, <u>24</u>
<u>4732 Davics Sawmill Rd</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Lucedale MS 39452</u>	<u>SW</u> ¼ <u>SW</u> ¼ Sec <u>29</u> Twn <u>T4S</u> Rng <u>R5W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( <u>228</u> ) <u>588-3778</u>	<u>3</u> Miles <u>N</u> of <u>Hurley</u>

**Well Data**

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

Date well drilling started: 01-08-07 Date well drilling completed: 01-08-07

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

Static Water Level: 25 feet above or below (circle one) land surface Date measured: 01-08-07

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

Hole depth: 81 Well depth: 81 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 75 feet Casing diameter: 2 inches Type of casing: 540 PVC

Screen length: 5 feet Screen diameter: 2 inches Type of screen: WOP 54 PVC

Screen slot size: .006 inches Setting depth: From 75 feet to 85 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 0-673  
Print Name of Water Well Contractor and License No.

[Signature]  
Signature of Water Well Contractor

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**BY: OLWR**

If well telescopes please sketch below and show depths.

**D-259**

Ground Level \_\_\_\_\_

Description of Formations Encountered	From	To
Top sand	0	12
sand (med-coarse)	12	42
Clay	42	63
sand (med)	63	81

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.

A hand-drawn sketch of a property layout. It features a vertical line on the right side labeled "Road". To the left of the road, there are three rectangular structures: a "septic" tank at the top, a "House" in the middle, and another "House" at the bottom. To the left of the middle house, there is a small square with an "X" inside, labeled "well".

Landowner Name: JW Naramore

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)

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: D-259  
 Elevation: \_\_\_\_\_

County: Jackson  
 Permit #: \_\_\_\_\_  
 Driller: Michael S. Harvard  
 Date completed: 01-08-07

**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>JW Naramore Const.</u>	Latitude: <u>N30° 40.40</u> Longitude: <u>W88° 30.67</u>
Mailing Address: <u>4732 Davis Sawmill Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
<u>Lucedale</u> <u>ms</u> <u>39452</u> City State Zip Code	____ ¼ ____ ¼ Sec <u>29</u> Twn <u>T45</u> Rng <u>R5W</u>
Telephone No. ( <u>228</u> ) <u>588-3778</u>	Distance Direction Nearest Town <u>3</u> Miles <u>N</u> of <u>Harley</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</u>
Date Pump Installed: <u>01-08-07</u>	Setting Depth: <u>55</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>01-08-07</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>25</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>30</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>5</u> Feet Below Land Surface	Well yielded <u>12</u> GPM with a drawdown of
Test Pumping Rate: <u>12</u> Gallons Per Minute	<u>5</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 0-693 [Signature]  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 MAR 15 2007  
 BY: OLWR