

### State Well Report

#### Part 1 - Driller's Log

Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box  
 Jackson, MS 39209  
 (601)961-5210  
 (601)360-0535(fax)

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: D-304  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: JACKSON  
 Permit #: \_\_\_\_\_  
 Driller: Southeastern Waterwell  
 Date drilling completed: 4-23-08

0661

*State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.*

<b>Information on Well Owner</b> (Landowner if borehole is not for a water well) Owner Name: <u>Richard Fincher</u> Mailing Address: <u>23375 State Line Rd</u> <u>Lucedale MS 39452</u> City State Zip Code Telephone No. ( ) _____		<b>Well or Borehole Location</b> Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SE 1/4 NE 1/4 Sec 19 Twn 45 Rng 4 W</u> Distance Direction Nearest Town <u>2.0</u> Miles <u>SE</u> of <u>Lucedale</u>	
<b>Well / Borehole Data</b> Date drilling started: <u>4-23</u> Date drilling completed: <u>4-23</u> Hole depth: <u>170'</u> Hole diameter: <u>7 1/2"</u> Location of the source of any surface water used for drilling: <u>0</u> Method of dosing and volume of Chlorine used in drilling and development: <u>Drill fluid Added 2 Gallons</u> Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: <u>2 x PIP 1000 Gall</u> Name of organization running log(s): _____ Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) _____ <i>If drilling is not related to water well construction, skip the remainder of this block</i>			
Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____ If a flowing well, method of flow regulation: Valve <u>NA</u> Other (describe) _____ Static Water Level: <u>35</u> feet above or below (circle one) land surface Date measured: <u>4-23-08</u> Method of Measurement (circle one) steel tape electric tape air line other: <u>Sounding line</u> Well depth: <u>170'</u> Well grouted to a depth of <u>20</u> feet Type of grout (circle one): Neat Cement Bentonite Mix Casing length: <u>150</u> feet Casing diameter: <u>4"</u> inches Type of casing: <u>PVC Sch 40</u> Screen length: <u>20</u> feet Screen diameter: <u>4"</u> inches Type of screen: <u>W.O.P PVC</u> Screen slot size: <u>.008</u> inches Setting depth: From <u>150</u> feet to <u>170</u> feet Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development Other (describe): _____ Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>			

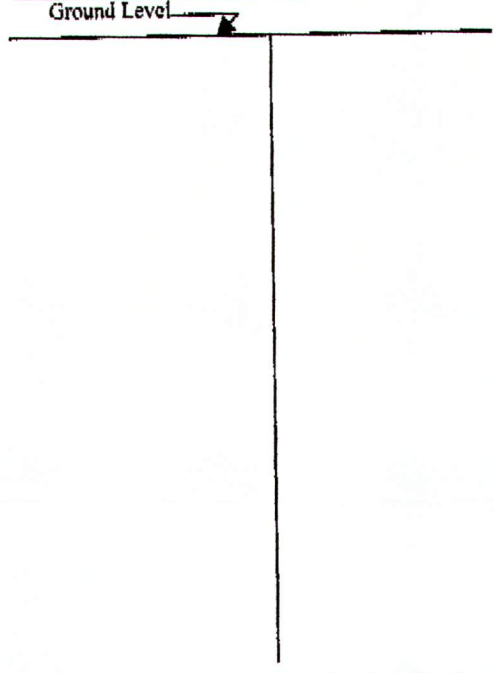
Form: OLWR-SWR-1A

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D-304

The sketch below only required for water wells

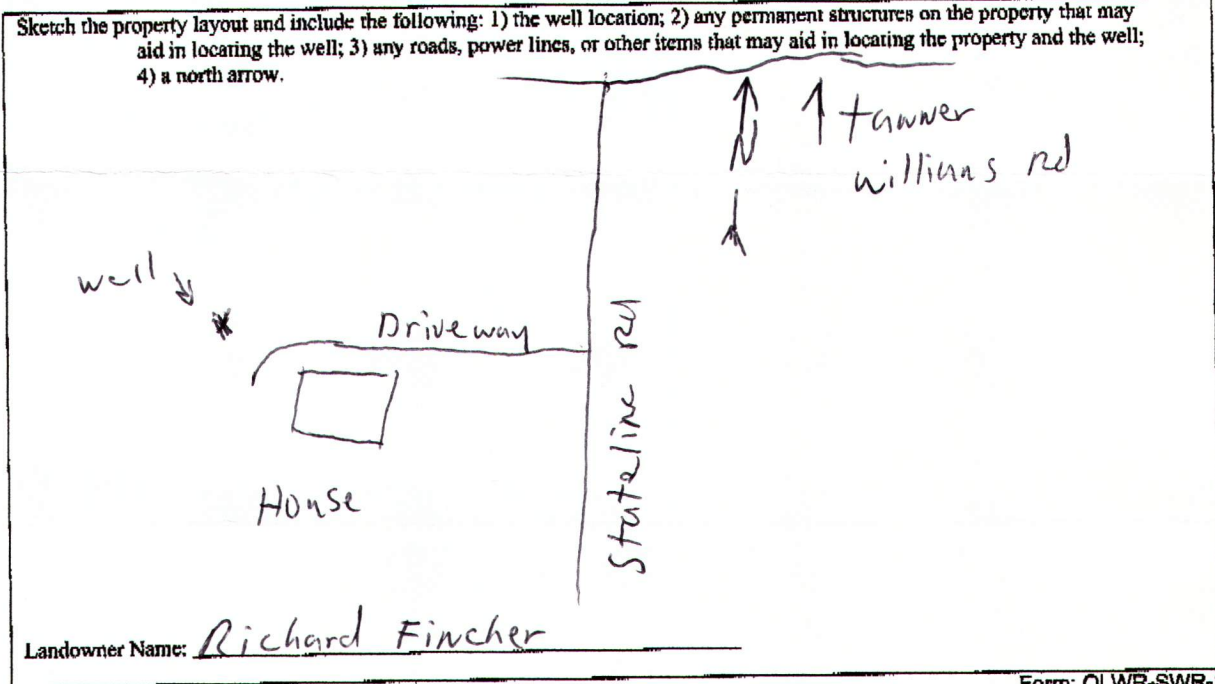
If well telescopes, show depths on sketch.



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
sandy clay	0	15'
Sand	15	30
clay	30	58
soft sand	58	67
Sand	67	100
sandy clay	100	119
sand soft	119	124
hard sand	124	169

If more than one screen, show location of each on sketch



Form: OLWR-SWR-1A

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Raymond O Havens 0-661  
Print Name of Responsible Licensee and License No.

5-1-08  
Date

Raymond A Havens  
Signature of Licensee

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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: Raymond Hevens  
 Date completed: 23 April 2008

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: D-304  
 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>Richard Fincher</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>23375 State Line Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Lucedale</u> MS <u>39452</u>	<u>SE 1/4 NE 1/4</u> Sec <u>19</u> Twn <u>4S</u> Rng <u>4W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>1</u> Miles <u>ENE</u> of <u>Hurley MS</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 1/2</u>
Date Pump Installed: <u>23 April 2008</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>19</u> Gallons Per Minute	Number of Stages: <u>7</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>23 April 2008</u>	Air Line                      Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>35</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>50</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>15</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>35</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>5</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

BRET S. GREEN 0-718P                      [Signature]  
 Print Name of Pump Installer and License No. (if applicable)                      Signature of Pump Installer

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