

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 #: B-69
L. S. Elevation: _____
E-log #: _____

County: Stone
Permit #: _____
Driller: Michael S. Havard
Date drilling completed: 6-07-06

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>Preston Carpenter</u>	Latitude: <u>30° 52' 36.5" N</u> Longitude: <u>89° 09' 50.6" W</u>
Mailing Address: <u>P.O. Box 512</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Wiggins MS 39577</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NE 1/4 SE 1/4 Sec 14 Twn 72S Rng R12W</u>
Telephone No. <u>(601) 928-5184</u>	Distance Direction Nearest Town <u>1.5 Miles N of Wiggins</u>

Well Data

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

Date well drilling started: 06-07-06 Date well drilling completed: 06-07-06

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

Static Water Level: 45 feet above or below (circle one) land surface Date measured: 06-07-06

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

Hole depth: 147 Well depth: 147 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 137 feet Casing diameter: 4 inches Type of casing: Pvc

Screen length: 10 feet Screen diameter: 4 inches Type of screen: Pvc WOP

Screen slot size: .010 inches Setting depth: From 137 feet to 147 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.

[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: Stone
 Permit #: _____
 Driller: Michael S. Howard
 Date completed: 6-14-06

For Office Use Only:

Aquifer: _____
 Well #: B-69
 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>Preston Carpenter</u>	Latitude: <u>30°52.355</u> Longitude: <u>89°09.506</u>
Mailing Address: <u>P.O. Box 512</u>	Method of Lat/Long (circle one): <u>21</u> Conventional Survey, <u>30</u>
<u>Wiggins MS 39597</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>14</u> Twn <u>T2S</u> Rng <u>R12W</u>
Telephone No. <u>(601) 928-5184</u>	Distance Direction Nearest Town
	<u>1.5</u> Miles <u>N</u> of <u>Wiggins</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1.5</u>
Date Pump Installed: <u>6-14-06</u>	Setting Depth: <u>103</u> feet
Rated Pump Capacity: <u>27</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-07-06</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u>
Static Water Level (A): <u>45</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>60</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 <u>30</u> GPM with a drawdown of
Test Pumping Rate: <u>30</u> Gallons Per Minute	<u>15</u> feet after <u>4.5</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4.5</u> hours	

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

Michael S. Howard Print Name of Pump Installer and License No. (if applicable) Michael S. Howard Signature of Pump Installer

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WELL AND PUMP DATA

B-69

PROPERTY OWNER		LOCATION OF WELL			
<u>NAME</u>	Preston Carpenter	<u>COUNTY</u>	Stone	<u>WELL #</u>	06056
<u>ADDRESS</u>	P. O. Box 512	<u>TOWNSHIP</u>	T2S	<u>LAT.</u>	N30:52.355
<u>CITY/STATE</u>	Wiggins, MS 39577-5184	<u>RANGE</u>	R12W	<u>LONG.</u>	W89:09.506
<u>PHONE</u>	(601) 928-5184	<u>SECTION</u>	Sec. 14	<u>ELEV.</u>	Elev. 340

BOREHOLE DATA				WELL DATA			
<u>FORMATION</u>	<u>COLOR</u>	<u>FROM</u>	<u>TO</u>	<u>WELL DEPTH</u>	147 feet	<u>DATE</u>	06-07-06
Top-sand	Mix	0 feet	5 feet	<u>STATIC LEVEL</u>	45 feet	<u>DATE</u>	06-07-06
Sand, fine	Brown	5 feet	18 feet	<u>PUMPING LEVEL</u>	60 feet	<u>DATE</u>	06-07-06
Clay	White	18 feet	28 feet	<u>SPECIFIC CAP.</u>	2 GPM/Ft	<u>DATE</u>	06-07-06
Silt	Brown	28 feet	35 feet	<u>TYPE OF WELL</u>	Domestic	<u>GPM</u>	30 GPM
Clay	White	35 feet	42 feet	<u>METHOD OF DRILLING</u>	Direct Rotary		
Sand, fine-med	Brown	42 feet	58 feet	CASING TYPE			
Sand, med	Brown	58 feet	75 feet	<u>TYPE</u>	PVC	<u>CONNECTION</u>	Solvent welded
Clay	Pink	75 feet	92 feet	<u>DIA.</u>	4 inch	<u>TO</u>	137 feet
Sand, med	Brown	92 feet	147 feet	<u>DIA.</u>		<u>TO</u>	<u>SCH #</u>
				<u>DIA.</u>		<u>TO</u>	<u>SCH#</u>
INTAKE PORTION OF WELL							
				<u>SCRN TYPE</u>	WOP	<u>LENGTH</u>	10 feet
				<u>SCRN DIA.</u>	4 inch	<u>MATERIAL</u>	PVC
				<u>SET</u>	137 feet	<u>AND</u>	147 feet
				<u>SET</u>		<u>AND</u>	<u>SLOT</u>
				<u>SET</u>		<u>AND</u>	<u>SLOT</u>
FILTER MEDIA							
				<u>SOURCE</u>	SFM	<u>GRAD.</u>	16 X 30
				<u>COMP.</u>	Plastic	<u>VOLUME</u>	
GROUT							
				<u>TYPE</u>	mix	<u>VOLUME</u>	6 feet
				<u>DEPTH FROM</u>	0 feet	<u>DEPTH TO</u>	15 feet
				<u>DEPTH FROM</u>		<u>DEPTH TO</u>	
PUMP DATA							
				<u>TYPE</u>	Submersible	<u>DATE</u>	06-14-06
				<u>MAN.</u>	F & W	<u>MODEL</u>	4F27S15
				<u>HP</u>	1 HP	<u>DEPTH</u>	103 feet
				<u>VOLTS</u>	230 VAC	<u># OF STAGES</u>	8 stage
				<u>MATERIAL OF DROP PIPE</u>		PVC S80 TBE	
				<u>PIPE DIA.</u>	1 1/4 inch	<u>PIPE LENGTH</u>	100 feet
				<u>DROP PIPE MODIFICATION</u>		none	
				<u>DISINFECTED UPON COMPLETION</u>			Yes/ chlorine
				<u>GEOPHYSICAL LOG RUN</u>			
				<u>WATER ANALYZED</u>			
HAVARD DRILLING COMPANY				<u>DRILLER</u>	Stephen Havard		
P.O. BOX 1052				<u>COMMENTS</u>	(601) 508-0745		
LUCEDALE, MS 39452		AL# 592					
(601) 766-3781		MS# 673					

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