

# 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: Stone  
Permit #: \_\_\_\_\_  
Driller: Michael S. Harvard  
Date drilling completed: 12-02-06

**For Office Use Only:**  
Aquifer: \_\_\_\_\_  
Well #: B-75  
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>Steven Conner</u>	Latitude: <u>30° 50' 40" 24</u> Longitude: <u>89° 11' 41" 37</u>
Mailing Address: <u>P.O. Box 95</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Mchenry</u> MS <u>39452</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS ✓
City State Zip Code	<u>SW</u> ¼ <u>SE</u> ¼ Sec <u>28</u> ✓ Twn <u>25</u> ✓ Rng <u>12W</u>
Telephone No. <u>(601) 528-4050</u>	Distance Direction Nearest Town <u>2</u> Miles <u>W</u> of <u>Wiggins</u>

**Well Data**

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

Date well drilling started: 12-02-06 Date well drilling completed: 12-02-06

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

Static Water Level: 107 feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Hole depth: 35 Well depth: 35 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 30 feet Casing diameter: 2 inches Type of casing: PVC 540 BE

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

Screen slot size: .066 inches Setting depth: From 30 feet to 35 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. Harvard 0-693  
Print Name of Water Well Contractor and License No.

[Signature]  
Signature of Water Well Contractor

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**DEC 21 2006**  
**BY: OLWR**

B-75

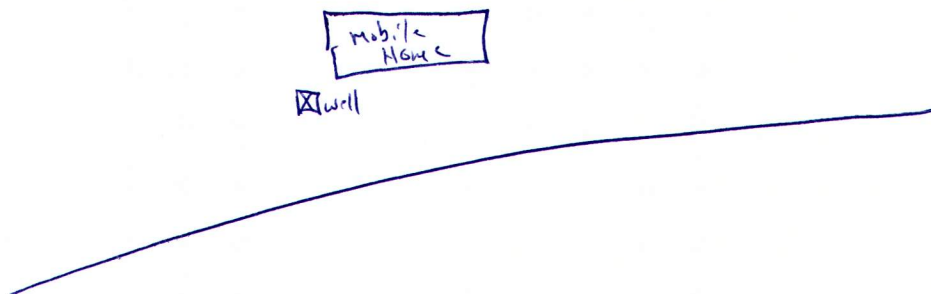
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Topsand	0	5
Clay	5	12
Sand	12	35

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.



Landowner Name: Steven Connors

  
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: 12-08-06

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: B 75  
 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.**

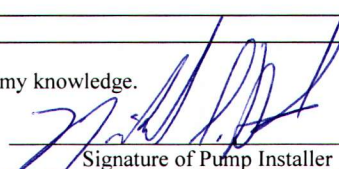
Well Owner Information	Well Location
Owner Name: <u>Stephen Connor</u>	Latitude: <u>N30°50.40</u> Longitude: <u>W88°11.61</u>
Mailing Address: <u>P.O. Box 95</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Mercury MS 39452</u>	_____ 1/4 _____ 1/4 Sec <u>28</u> Twn <u>T2S</u> Rng <u>R12W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( <u>601</u> ) <u>528-4852</u>	<u>2</u> Miles <u>W</u> of <u>Wiggins</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> <u>Jet</u> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand 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>12-08-06</u>	Setting Depth: <u>25</u> feet
Rated Pump Capacity: <u>8</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-08-06</u>	<input checked="" type="radio"/> <u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>17</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>8</u> Feet Below Land Surface	Well yielded <u>8</u> GPM with a drawdown of
Test Pumping Rate: <u>8</u> Gallons Per Minute	<u>8</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 0-692  
 Print Name of Pump Installer and License No. (if applicable)

  
 Signature of Pump Installer

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