

# 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: 10-19-05

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: C-150  
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>J. F. Miller Timber Co</u>	Latitude: <u>30° 50' 26"</u> Longitude: <u>89° 07' 89"</u>
Mailing Address: <u>P.O. Box 366</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Wiggins MS 39577</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SE 1/4 NW 1/4 Sec 30 Twn T25 R14W</u>
Telephone No. <u>(601) 928-7288</u>	Distance Direction Nearest Town
	<u>1</u> Miles <u>S</u> of <u>Wiggins</u>

**Well Data**

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

Date well drilling started: 10-19-05 Date well drilling completed: 10-19-05

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

Static Water Level: 14 feet above or below (circle one) land surface Date measured: 10-19-05

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

Hole depth: 98 Well depth: 98 Well grouted to a depth of 18 feet

Type of grout (circle one): Cement Bentonite  Mix

Casing length: 98 feet Casing diameter: 4 inches Type of casing: PVC 540

Screen length: 20 feet Screen diameter: 4 inches Type of screen: WOP PVC

Screen slot size: .012 inches Setting depth: From 78 feet to 98 feet

Type of completion (circle all applicable):  Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): \_\_\_\_\_

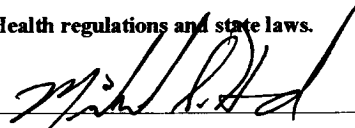
Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. If telescoped or more than one screen, describe on back of page

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 0-673  
Print Name of Water Well Contractor and License No.

  
Signature of Water Well Contractor

RECEIVED  
DATE  
BY

C-150

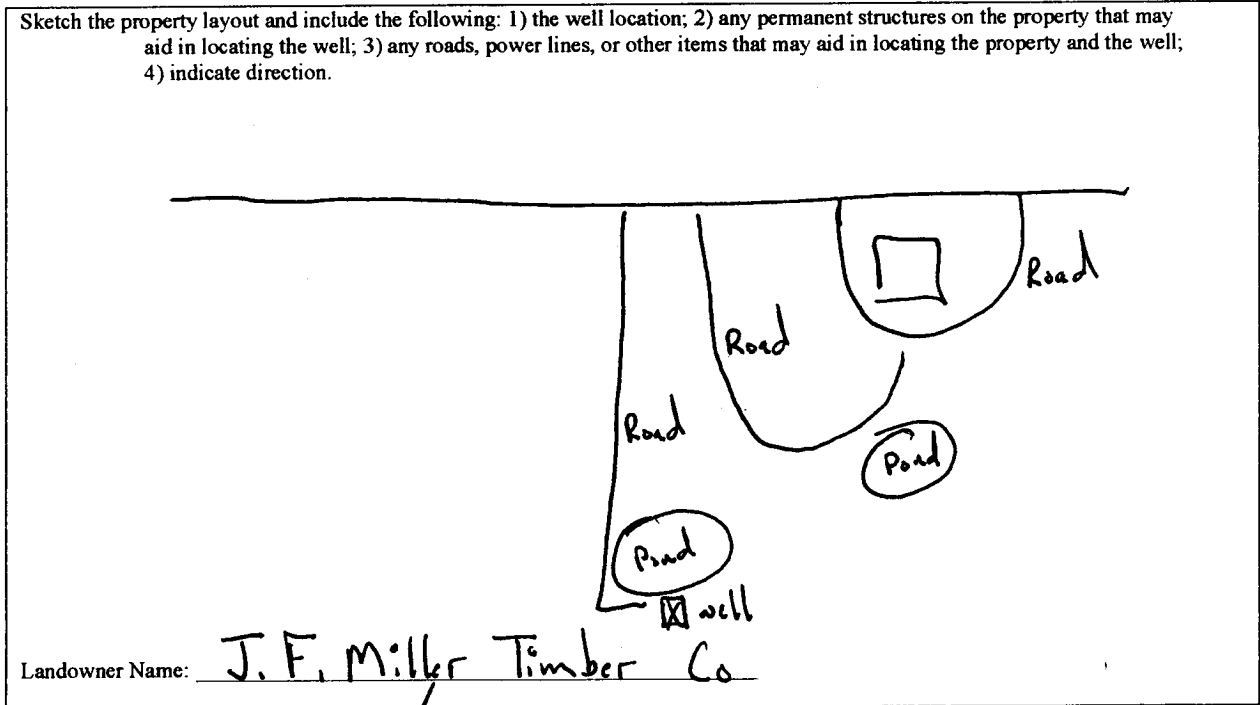
If well telescopes please sketch below and show depths.

Ground Level

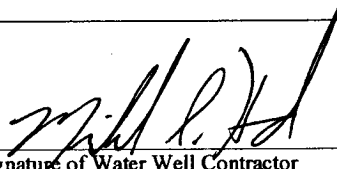
Description of Formations Encountered	From	To
Topsand	0	10
silt	10	18
Clay	18	26
Sand (fine)	26	32
Clay	32	38
sand (fine-med)	38	42
Sand (med)	42	85
Sand (med-coarse)	85	98

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: J. F. Miller Timber Co

  
 \_\_\_\_\_  
 Signature of Water Well Contractor

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 JUN 11 2015  
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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: 10-25-05

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: C-150  
 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>J.F. Miller Timber Co.</u>	Latitude: <u>N30°50.962</u> Longitude: <u>W89°07.868</u>
Mailing Address: <u>P.O. Box 366</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Wiggins MS 39597</u> City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>30</u> Twn <u>T2S</u> Rng <u>R11W</u>
Telephone No.: <u>(601) 928-7288</u>	Distance Direction Nearest Town <u>1</u> Miles <u>W-S</u> of <u>Wiggins</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>7.5</u>
Date Pump Installed: <u>10-25-05</u>	Setting Depth: <u>86</u> feet
Rated Pump Capacity: <u>85</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-29-05</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>14</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>40</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>26</u> Feet Below Land Surface	Well yielded <u>150</u> GPM with a drawdown of
Test Pumping Rate: <u>150</u> Gallons Per Minute	<u>26</u> feet after <u>5</u> hours of pumping
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.

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

RECEIVED  
 OCT 29 2005  
 BY OLWH