

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 #: E-38

L. S. Elevation: _____

E-log #: _____

County: Stone
Permit #: _____
Driller: Heath Williams
Date drilling completed: 08/18/07

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>Hazel Warden</u> | Latitude: <u>30° 44' 41"</u> Longitude: <u>89° 17' 58"</u> |
| Mailing Address: <u>309 Perk-Silver Run Rd</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>Perkinston MS 39573</u> | <u>USGS quad</u> , Hand-held GPS, Survey-grade GPS |
| City State Zip Code | <u>SE 1/4 NW 1/4 Sec 33 Twn 3S Rng 13W</u> |
| Telephone No. <u>601 928-4546</u> | Distance Direction Nearest Town |
| | <u>15 Miles SW of Wiggins</u> |

Well Data

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

Date well drilling started: 08/15/07 Date well drilling completed: 08/18/07

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

Static Water Level: 145' feet above or below (circle one) land surface Date measured: 08/16/07

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

Hole depth: 280 Well depth: 280 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 270 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: 0-010 inches Setting depth: From 270 feet to 280 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: Visual

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.

Heath S. Williams B-790

Print Name of Water Well Contractor and License No.

Heath S. Williams

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 #: E-38

Elevation: _____

County: Stone
 Permit #: _____
 Driller: Heath Williams
 Date completed: 8/14/07

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>Hazel Warden</u> | Latitude: <u>30° 44' 41"</u> Longitude: <u>89° 17' 58"</u> |
| Mailing Address: <u>309 Perk-Silver Run Rd</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>Perkinston MS 39573</u> | USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| City State Zip Code | <u>SE 1/4 NW 1/4 Sec 33 Twn 35 Rng 13W</u> |
| Telephone No. <u>(601) 928-4546</u> | Distance Direction Nearest Town |
| | <u>15</u> Miles <u>SW</u> of <u>Wiggins</u> |

| Pump Type Circle one | Power Type Circle one |
|--|---|
| Air Lift <input checked="" type="radio"/> <u>Jet</u> <input type="radio"/> Submersible | Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> 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 <input type="radio"/> Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>2 hp</u> |
| Date Pump Installed: <u>08/18/07</u> | Setting Depth: <u>180'</u> feet |
| Rated Pump Capacity: <u>10</u> Gallons Per Minute | Number of Stages: <u>2</u> |

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| Pump Test Data | Method of Measuring Water Level Circle one |
|--|---|
| Date Well Tested: <u>08/18/07</u> | Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> <input checked="" type="radio"/> <u>Steel Tape</u> |
| Static Water Level (A): <u>145</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): _____ Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: _____ Feet Below Land Surface | Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping |
| Test Pumping Rate: <u>10</u> Gallons Per Minute | |
| Duration of Pump Test (minimum 4 hours): _____ hours | |

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

Heath S. Williams 0-790
 Print Name of Pump Installer and License No. (if applicable)

Heath S. Williams
 Signature of Pump Installer