

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. Havard
Date drilling completed: 12-28-05

For Office Use Only:
Aquifer: _____
Well #: F-49
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>Barry Meadows (05068)</u> Mailing Address: <u>163 Howard Parker Rd</u> <u>Perkingston MS 39573</u> City State Zip Code Telephone No. <u>(601) 928-3733</u>	Latitude: <u>30° 47' 44.5"</u> Longitude: <u>89° 13' 21.1"</u> Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey, <u>1.3</u> USGS quad, <u>Hand-held GPS</u> Survey-grade GPS <u>NW 1/4 NW 1/4 Sec 17 Twn T35 Rng R12W</u> Distance Direction Nearest Town <u>5 Miles West of Perkingston</u>

Well Data

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

Date well drilling started: 12-28-05 Date well drilling completed: 12-28-05

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

Static Water Level: 63 feet above or below (circle one) land surface Date measured: 01-15-06

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

Hole depth: 134 Well depth: 134 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 114 feet Casing diameter: 4 inches Type of casing: 540 PVC

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

Screen slot size: .010 inches Setting depth: From 114 feet to 134 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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BY: OLWR

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. Havard
 Date completed: _____

For Office Use Only:

Aquifer: _____
 Well #: F-49
 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>Barry Meadows (06068)</u>	Latitude: <u>30°47.445</u> Longitude: <u>89°13.211</u>
Mailing Address: <u>163 Howard Parker Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Perkingston</u> <u>ms</u> <u>39573</u> City State Zip Code	____ ¼ ____ ¼ Sec <u>17</u> Twn <u>T3S</u> Rng <u>R12W</u>
Telephone No. (<u>601</u>) <u>928-3733</u>	Distance Direction Nearest Town <u>5</u> Miles <u>west</u> of <u>Perkingston</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <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>7.5</u>
Date Pump Installed: <u>01-25-06</u>	Setting Depth: <u>120</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>01-15-06</u>	<input checked="" type="radio"/> <u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>63</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>90</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>27</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>27</u> feet after <u>6</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>6</u> hours	

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

Michael S. Havard 0-673 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 FEB 10 2006
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