

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 #: F-50
L. S. Elevation: _____
E-log #: _____

County: Stone
Permit #: _____
Driller: Michael S. Harvard
Date drilling completed: 12-29-05

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 (05069)</u>	Latitude: <u>30° 47' 45"</u> Longitude: <u>89° 13' 21"</u>
Mailing Address: <u>163 Howard Parker Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Perkingston MS 39573</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NW 1/4 NW 1/4 Sec 17 Twn T35 Rng R12W</u>
Telephone No. <u>(601) 928-3733</u>	Distance <u>4</u> Miles Direction <u>West</u> of Nearest Town <u>Perkingston</u>

Well Data

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

Date well drilling started: _____ Date well drilling completed: 12-29-05

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: 132 Well depth: 132 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 112 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 112 feet to 132 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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05069

F-50

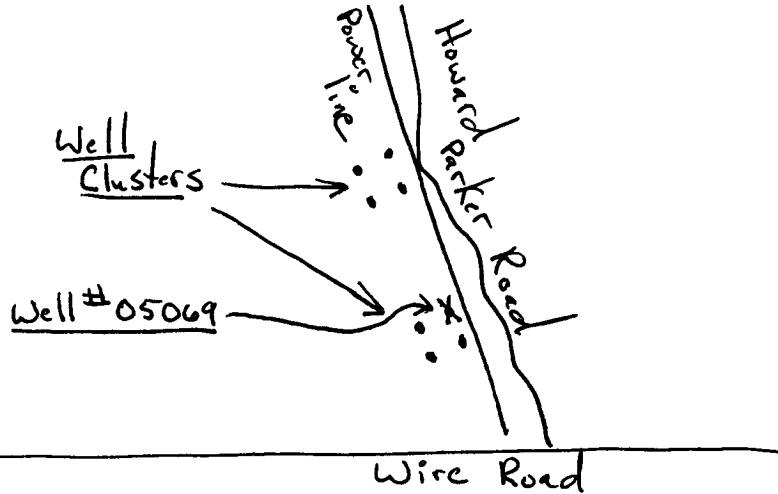
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Top sand	0	4
Sand (fine)	4	8
Clay	8	16
Silt	16	26
Clay	26	32
Silt	32	65
Sand (fine-med)	65	85
Clay	85	88
Sand (med)	88	105
Sand (med-coarse)	105	132

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: Barry Meadows

Phillip L. ...
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. Harvard
 Date completed: _____

For Office Use Only:

Aquifer: _____
 Well #: F-50
 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 (05069)</u>	Latitude: <u>N 30° 47.445</u> Longitude: <u>W 89° 13.211</u>
Mailing Address: <u>163 Howard Parker Road</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Perkingston MS 39573</u> City State Zip Code	1/4 _____ 1/4 Sec <u>17</u> Twn <u>T3S</u> Rng <u>R12W</u>
Telephone No. <u>(601) 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 <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 HP</u>
Date Pump Installed: <u>01-25-06</u>	Setting Depth: <u>126</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>	<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. Harvard 0-693 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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WELL AND PUMP DATA

F-

PROPERTY OWNER		LOCATION OF WELL			
<u>NAME</u>	Barry Meadows (FSC)	<u>COUNTY</u>	Stone	<u>WELL #</u>	05070
<u>ADDRESS</u>	163 Howard Parker Road	<u>TOWNSHIP</u>	T3S	<u>LAT.</u>	N30:47.445
<u>CITY/STATE</u>	Perkingston, MS 39573	<u>RANGE</u>	R12W	<u>LONG.</u>	W89:13.211
<u>PHONE</u>	(601) 928-3733	<u>SECTION</u>	Sec. 17	<u>ELEV.</u>	310 feet

BOREHOLE DATA				WELL DATA					
<u>FORMATION</u>	<u>COLOR</u>	<u>FROM</u>	<u>TO</u>	<u>WELL DEPTH</u>	130 feet	<u>DATE</u>	12-30-05		
Top-sand	Mix	0 feet	4 feet	<u>STATIC LEVEL</u>	63 feet	<u>DATE</u>	01-15-06		
Sand (fine)	Red	4 feet	8 feet	<u>PUMPING LEVEL</u>	90 feet	<u>DATE</u>	01-15-06		
Clay	Pink	8 feet	16 feet	<u>SPECIFIC CAP.</u>	5.9 GPM/FT	<u>DATE</u>	01-15-06		
Silt	Pink	16 feet	26 feet	<u>TYPE OF WELL</u>	industrial	<u>GPM</u>	160 feet		
Clay	White	26 feet	32 feet	<u>METHOD OF DRILLING</u>		Direct Rotary			
Silt	Pink	32 feet	64 feet	CASING TYPE					
Sand (fine-med)	Brown	64 feet	85 feet	<u>TYPE</u>	PVC	<u>CONNECTION</u>	Solvent welded		
Clay	White	85 feet	88 feet	<u>DIA.</u>	4 inch	<u>TO</u>	110 feet	<u>SCH #</u>	40
Sand (med)	Brown	88 feet	105 feet	<u>DIA.</u>		<u>TO</u>		<u>SCH #</u>	
Sand	Brown	105 feet	130 feet	<u>DIA.</u>		<u>TO</u>		<u>SCH#</u>	
INTAKE PORTION OF WELL									
				<u>SCRN TYPE</u>	WOP	<u>LENGTH</u>	20 feet		
				<u>SCRN DIA.</u>	4 inch	<u>MATERIAL</u>	PVC		
				<u>SET</u>	110 feet	<u>AND</u>	130 feet	<u>SLOT</u>	.010
				<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>	8 cubic feet		
GROUT									
				<u>TYPE</u>	Mix	<u>VOLUME</u>	10 cubic feet		
				<u>DEPTH FROM</u>	0 feet	<u>DEPTH TO</u>	18 feet		
				<u>DEPTH FROM</u>		<u>DEPTH TO</u>			
PUMP DATA									
				<u>TYPE</u>	Submersible	<u>DATE</u>	01-25-06		
				<u>MAN.</u>	F & W	<u>MODEL</u>	4F85S75		
				<u>HP</u>	7.5 HP	<u>DEPTH</u>	126 feet		
				<u>VOLTS</u>	480 VAC	<u># OF STAGES</u>	15		
				<u>MATERIAL OF DROP PIPE</u>		PVC S80 TBE			
				<u>PIPE DIA.</u>	2 inch	<u>PIPE LENGTH</u>	120 feet		
				<u>DROP PIPE MODIFICATION</u>		2" flomatic inline check			
				<u>DISINFECTED UPON COMPLETION</u>			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				*Powered up 02-01-06					
(601) 766-3781									
AL# 592									
MS# 673									

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