

# 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: 01-02-06

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: F-52  
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 (06001)</u>     | Latitude: <u>30° 47' 54"</u> Longitude: <u>89° 13' 24"</u>                          |
| Mailing Address: <u>163 Howard Parker Rd</u> | Method of Lat/Long (circle one): <u>Hand-held GPS</u> <sup>32</sup> <sub>1915</sub> |
| <u>Perkinston MS 39573</u>                   | USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS                                  |
| City: _____ State: _____ Zip Code: _____     | <u>NW 1/4 NW 1/4</u> Sec <u>17</u> Twn <u>T3S</u> Rng <u>R12W</u>                   |
| Telephone No. <u>(601) 928-3733</u>          | Distance: <u>5</u> Miles Direction: <u>West</u> of Nearest Town: <u>Perkinston</u>  |

**Well Data**

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

Date well drilling started: 01-02-06 Date well drilling completed: 01-02-06

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

Static Water Level: 67 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: 160 Well depth: 160 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite  Mix

Casing length: 140 feet Casing diameter: 4 inches Type of casing: PVC 540

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

Screen slot size: .010 inches Setting depth: From 140 feet to 160 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 0-693 \_\_\_\_\_  
Print Name of Water Well Contractor and License No. 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. Havard  
 Date completed: 02-02-06

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: F-52  
 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 (06001)</u>           | Latitude: <u>N30°47.54</u> Longitude: <u>W89°13.247</u>                             |
| Mailing Address: <u>163 Howard Parker Rd</u>       | Method of Lat/Long (circle one): <u>32</u> Conventional Survey, <u>14</u>           |
| <u>Perkingston MS 39573</u><br>City State Zip Code | USGS quad, <u>land-held GPS</u> , Survey-grade GPS                                  |
| Telephone No. <u>(601) 928-3733</u>                | 1/4 Sec <u>17</u> Twn <u>T35</u> Rng <u>R2W</u>                                     |
|  | Distance Direction Nearest Town<br><u>5</u> Miles <u>west</u> of <u>Perkingston</u> |

| Pump Type<br>Circle one                           | Power Type<br>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>01-30-06</u>              | Setting Depth: <u>140</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<br>Circle one       |
|---|---|
| Date Well Tested: <u>01-15-06</u>                           | <u>Air Line</u> Electric Measuring Line Steel Tape  |
| Static Water Level (A): <u>67</u> Feet Below Land Surface   | Other (specify): _____                              |
| Pumping Water Level (B): <u>130</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>63</u> Feet Below Land Surface     | Well yielded <u>120</u> GPM with a drawdown of      |
| Test Pumping Rate: <u>120</u> Gallons Per Minute            | <u>63</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. Havard \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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