

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 #: M-76
L. S. Elevation: _____
E-log #: _____

County: Stone
Permit #: _____
Driller: H. Williams
Date drilling completed: 02/15/08

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>Levi Redmond</u>	Latitude: <u>30° 41' 57" N</u> Longitude: <u>88° 58' 52" W</u>
Mailing Address: <u>1869 East McHenry Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Perkinston</u> <u>MS</u> <u>39573</u>	<u>NE</u> ¼ <u>SW</u> ¼ Sec <u>15</u> Twn <u>4S</u> Rng <u>10W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 588-1160</u>	<u>9</u> Miles <u>E</u> of <u>McHenry</u>

Well Data

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

Date well drilling started: 02/15/08 Date well drilling completed: 02/15/08

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

Static Water Level: 81 feet above or below (circle one) land surface Date measured: 02/15/08

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

Hole depth: 210 Well depth: 210 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 200 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 200 feet to 210 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 0-790 Heath S. Williams
Print Name of Water Well Contractor and License No. 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)

For Office Use Only:

Aquifer: _____

Well #: M-76

Elevation: _____

County: Stone

Permit #: _____

Driller: H. Williams

Date completed: 02/15/08

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

Owner Name: Levi Redmond
Mailing Address: 1869 East McHenry Rd
Perkinsston Ms. 39573
City State Zip Code
Telephone No. (601) 528-1160

Well Location

Latitude: 30°41'57"N Longitude: 88°58'52"W
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS, Survey-grade GPS
____ ¼ ____ ¼ Sec ____ Twn ____ Rng ____
Distance Direction Nearest Town
____ Miles ____ of ____

Pump Type

Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify): _____
Date Pump Installed: 02/15/08
Rated Pump Capacity: 7 Gallons Per Minute

Power Type

Circle one

Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
Windmill Other (specify): _____
Horse Power Rating of Motor: 1/2hp
Setting Depth: 120 feet
Number of Stages: 2

Pump Test Data

Date Well Tested: 02/15/08
Static Water Level (A): 81 Feet Below Land Surface
Pumping Water Level (B): _____ Feet Below Land Surface
Drawdown [(B) - (A)]: _____ Feet Below Land Surface
Test Pumping Rate: 7 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): _____ hours

Method of Measuring Water Level

Circle one

Air Line Electric Measuring Line Steel Tape
Other (specify): _____
For flowing well, measured shut in head: _____ feet
Well yielded _____ GPM with a drawdown of
_____ feet after _____ hours of pumping

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

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MAR 19 2008
BY: OLWR