

George

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)

Aquifer: _____
Well #: A-33
L. S. Elevation: _____
B-log #: _____

Permit #: _____
Driller: Mike Lead
Date drilling completed: 9-20-06

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
Owner Name: Tom Sanderson
Mailing Address: 105 Breland Rd
Meridian MS 39456
City State Zip Code
Telephone No. () _____

Well Location
Latitude: 30° 59' 26" N Longitude: 089° 46' 41" W
Method of Lat/Long (circle one): Conventional Survey
USGS quad, Hand-held GPS, Survey-grade GPS
R 12 1/4 NW 1/4 Sec 2 Twn T 15 Rng R 8 W
Distance Direction Nearest Town
9 Miles N of Berndale

Well Data

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

Date well drilling started: 9-20-06 Date well drilling completed: 9-20-06

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

Static Water Level: 35 feet above or below (circle one) land surface Date measured: _____

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

True depth: 105 Well depth: 105 Well grouted to a depth of _____ feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 85 feet Casing diameter: 4 inches Type of casing: PVC 40

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

Screen slot size: 10 inches Setting depth: From 85 feet to 105 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

Log 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 R Fogel 0408
Print Name of Water Well Contractor and License No.

Michael R Fogel
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 10651
Jackson, MS 39289-0651
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: A-33

Elevation: _____

County: George
 Permit #: _____
 Driller: Mike & Wade
 Date completed: 9-21-06

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: Tommy Sanderson
 Mailing Address: 165 E. Brulard Rd
Millain Ms 39456
 City State Zip Code
 Telephone No. () _____

Well Location

Latitude: 30 59 762N Longitude: 089 468-411W
 Method of Lat/Long (circle one): Conventional Survey,
 USGS quad, Hand-held GPS, Survey-grade GPS
 1/4 Sec. 2 Twp. T15 Rng. R8W
 Distance Direction Nearest Town
9 Miles N of Berndale

Pump Type
Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 9-21-06
 Rated Pump Capacity: 35 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: 2
 Setting Depth: 105 feet
 Number of Stages: 7

Pump Test Data

Date Well Tested: _____
 Static Water Level (A): 35 Feet Below Land Surface
 Pumping Water Level (B): 90 Feet Below Land Surface
 Drawdown [(B) - (A)]: 55 Feet Below Land Surface
 Test Pumping Rate: 50 Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level
Circle one

Air Line Electric Measuring Line Steel Tape
 Other (specify): _____
 For flowing well, measured shot is head: _____ feet
 Well yielded 50 GPM with a drawdown of
50 feet after 1 1/2 hours of pumping

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

Michael R. Foytogle 0408
 Print Name of Pump Installer and License No. (if applicable)

Michael R. Foytogle
 Signature of Pump Installer

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