

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 #: B-72
L. S. Elevation: _____
B-log #: _____

Permit #: _____
Driller: Mike + Wade
Date drilling completed: 9-11-06

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: Amon Merritt
Mailing Address: P.O. Box 1042
Lucedale MS 39452
City State Zip Code
Telephone No. () _____

Well Location

Latitude: 30.59082N Longitude: 088.41508W
Method of Lat/Long (circle one): Conventional Survey
USGS quad, Hand-held GPS, Survey-grade GPS
R 1/4 SE 1/4 Sec 4 Twn T1S Rng R7W
Distance 6 Miles Direction NW of Nearest Town Lucedale

Well Data

Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other: Camp
Date well drilling started: 9-11-06 Date well drilling completed: 9-11-06
Is flowing, method of flow regulation: Valve Other (describe) _____
Static Water Level: 10 feet above or below (circle one) land surface Date measured: _____
Method of Measurement (circle one) steel tape electric tape air line other: _____
Pile depth: 435 Well depth: 435 Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 4 feet Casing diameter: 2 inches Type of casing: PVC 40
Screen length: 8 feet Screen diameter: 2 inches Type of screen: PVC wrapped
Screen slot size: 8 inches Setting depth: From _____ feet to _____ feet
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
Other (describe): _____
Top of top 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 R Fryfogle 0408
Print Name of Water Well Contractor and License No.

Michael R Fryfogle
Signature of Water Well Contractor

RECEIVED
DEC 29 2006
BY: OLWP

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 39288-0631
(601)961-3210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: B-72

Elevation: _____

County: Dezoy
Permit #: _____
Driller: Mike J. Wade
Date completed: 9-11-06

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: Amon Merritt
Mailing Address: PO Box 1042
Lucedale Ms 39452
City State Zip Code
Telephone No. () _____

Well Location

Latitude: 30-59-0824 Longitude: 088-47-5086
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
1/4 1/4 Sec 4 Twp T15 Rng R2W
Distance Direction Nearest Town
6 Miles NW of Lucedale

Pump Type
Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify): NO Pump
Date Pump Installed: _____
Rated Pump Capacity: _____ 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: _____
Setting Depth: _____ feet
Number of Stages: _____

Pump Test Data

Date Well Tested: _____
Static Water Level (A): _____ Feet Below Land Surface
Pumping Water Level (B): _____ Feet Below Land Surface
Drawdown [(B) - (A)]: _____ Feet Below Land Surface
Test Pumping Rate: _____ 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 shot in bond: 15 lbs feet
Well yielded 20 GPM with a drawdown of flowed feet after _____ hours of pumping

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

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

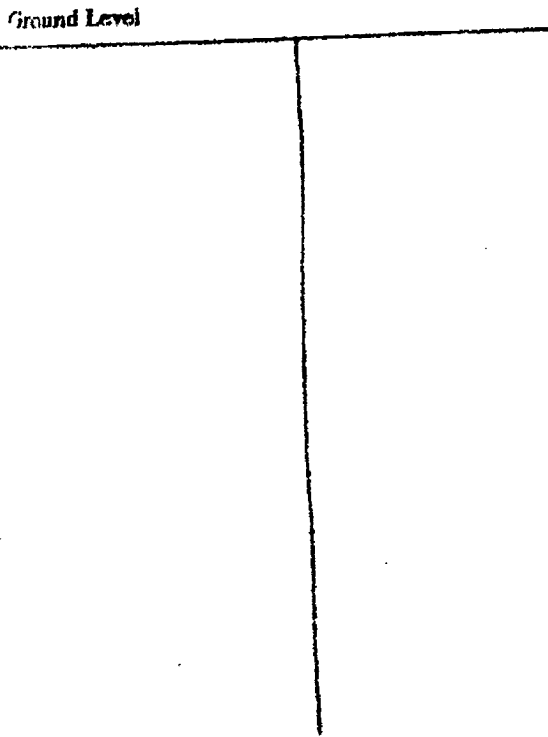
Michael R Fry Fogli 0408
Signature of Pump Installer

DEC 29 2006

BY: OLWR

B-72

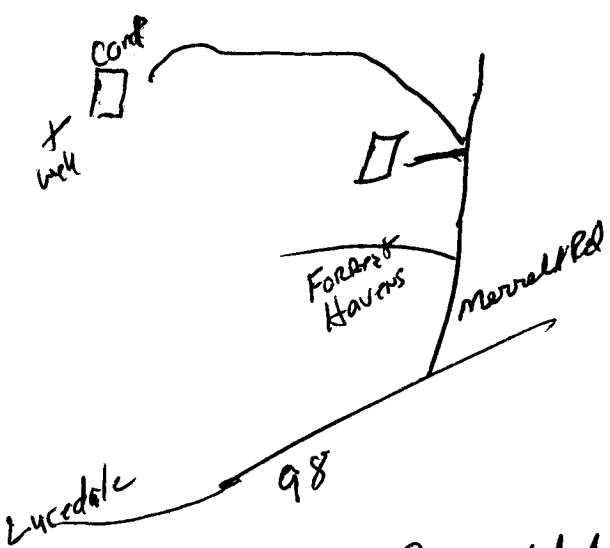
If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	To
sand	0	4.5
fine sand	4.5	7.3
clay	7.3	10.5
gravel	10.5	13.5
clay	13.5	18.0
silt	18.0	21.0
clay	21.0	32.5
fine sand	32.5	39.5
sand	39.5	42.5

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: Arnon Merritt

Michael R. Grybos 0408
 Signature of Water Well Contractor

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