

State Well Report Part I

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10691
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

County: George
 Permit #: _____
 Driller: Mike Swal
 Date drilling completed: 1/13/07

For Office Use Only:

Aquifer: _____
 Well #: B-75
 L.S. Elevation: _____
 B-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>Matthew Mank</u>	Latitude: <u>30.47.62N</u> Longitude: <u>88.32.76W</u>
Mailing Address: <u>121 Penelle Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Lucedal MS 39452</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>4</u> <u>4</u> Sec <u>4</u> Twp <u>T15</u> Rng <u>R7W</u>
Telephone No.: _____	Distance Direction Nearest Town
	<u>5</u> Miles <u>SW</u> of <u>Lucedal</u>

Well Data

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

Date well drilling started: _____ Date well drilling completed: _____

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

Static Water Level: 45 feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 130 Well depth: 130 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 120 feet Casing diameter: 2 inches Type of casing: PVC 4"

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC wrapped

Screen slot size: 8 inches Setting depth: From 120 feet to 130 feet

Type of completion (circle all applicable): Gravel packed Underscreened Telescoped Open hole Natural Development

Other (describe): _____

Trap or tap 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 Fryfoyle 0408 Michael R Fryfoyle
 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: George
 Permit #: _____
 Driller: Mick + Wade
 Date completed: _____

For Office Use Only:

Aquifer: _____
 Well #: B-75
 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>Matthews Merck</u>	Latitude: <u>30 47 62N</u> Longitude: <u>088 32 264W</u>
Mailing Address: <u>121 Penelle Rd</u>	Method of Lat/Long (circle one): <u>37</u> Conventional Survey, <u>16</u>
<u>Lucedal</u> <u>Ms</u> <u>39452</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	¼ Sec <u>4</u> Twn <u>T15</u> Rng <u>R7W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>5</u> Miles <u>SW</u> of <u>Lucedal</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: _____	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	<input checked="" type="radio"/> <u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>45</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>70</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>25</u> Feet Below Land Surface	Well yielded <u>17</u> GPM with a drawdown of
Test Pumping Rate: <u>17</u> Gallons Per Minute	<u>25</u> feet after <u>1 1/2</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

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

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