

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 #: C-108 039
L. S. Elevation: _____
E-log #: _____

County: Levy
Permit #: _____
Driller: Mike
Date drilling completed: 7-6-04

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>Steve Eubank</u>	Latitude: <u>30° 55' 39" N</u> Longitude: <u>088° 33' 12" W</u>
Mailing Address: <u>1179 Everton Rd</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Survey-grade GPS
<u>Greenville MS 39852</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>NW 1/4 NE 1/4 Sec 135 Twn T15 Rng R6W</u>
Telephone No. <u>(601) 947-2909</u>	Distance Direction Nearest Town
	Miles <u>35</u> of _____

Well Data

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

Date well drilling started: 7-6-04 Date well drilling completed: 7-6-04

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

Static Water Level: 35 feet above or below (circle one) land surface Date measured: 7-6-04

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

Hole depth: 120' Well depth: 90 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 4 inches Type of casing: PVC 40

Screen length: 20 feet Screen diameter: 4 1/2 inches Type of screen: PVC wrapped

Screen slot size: 1/10 inches Setting depth: From 70 feet to 90 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): _____

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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 Fry Fogle 0408
Print Name of Water Well Contractor and License No.

Michael R Fry Fogle 0408
Signature of Water Well Contractor

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 #: C-108

Elevation: _____

County: George
 Permit #: _____
 Driller: Mike
 Date completed: 8-4-04

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>Stems Embankment</u>	Latitude: <u>30-55-39N</u> Longitude: <u>088-33-13W</u>
Mailing Address: <u>1179 Everston Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Lucedale MS 39452</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>T35</u> Twn <u>T15</u> Rng <u>R6W</u>
Telephone No. (601) <u>947-2909</u>	Distance Direction Nearest Town
	<u>2</u> Miles <u>E</u> of <u>Lucedale</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2</u>
Date Pump Installed: <u>8-4-04</u>	Setting Depth: <u>90</u> feet
Rated Pump Capacity: <u>35</u> 40 Gallons Per Minute	Number of Stages: <u>7</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-4-04</u>	<u>Air Line</u> <input checked="" type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>35</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>55</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>20</u> Feet Below Land Surface	Well yielded <u>40</u> GPM with a drawdown of
Test Pumping Rate: <u>40</u> Gallons Per Minute	<u>20</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.

Print Name of Pump Installer and License No. (if applicable) _____ Signature of Pump Installer _____

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