

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 112

L. S. Elevation: _____

E-log #: _____

County: George 039

Permit #: _____

Driller: Mike

Date drilling completed: 11-29-04

Hydro Water Well

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 McKinnel

Mailing Address: 4150 A Old Mobile Hwy

Lucedal MS 39452
City State Zip Code

Telephone No. () _____

Well Location

Latitude: 30.54633^N Longitude: 088.34825^W

Method of Lat/Long (circle one): Hand-held GPS Conventional Survey, Survey-grade GPS

USGS quad, Hand-held GPS Survey-grade GPS
SW 1/4 SW 1/4 Sec 34 Twn T15 Rng R6W

Distance Direction Nearest Town
1/2 Miles SE of Lucedal

Well Data

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

Date well drilling started: 11-29-04 Date well drilling completed: 11-29-04

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

Static Water Level: 35 feet above or below (circle one) land surface Date measured: 11-29-04

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

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

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 4" inches Type of casing: PVC 40

Screen length: 10 feet Screen diameter: 4" inches Type of screen: PVC wrapped

Screen slot size: 8 inches Setting depth: From 80 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): _____

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.

Print Name of Water Well Contractor and License No. _____

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-112

Elevation: _____

County: Jarvis

Permit #: _____

Driller: Mik

Date completed: 11-30-04

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>Jim McKissick</u>	Latitude: <u>30-54 633N</u> Longitude: <u>088 32 277W</u>
Mailing Address: <u>4150A Old Mobil Hwy</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Lucedale</u> <u>Ms</u> <u>39452</u> City State Zip Code	____ 1/4 ____ 1/4 Sec <u>34</u> Twn <u>T15</u> Rng <u>R6W</u>
Telephone No. (____) _____	Distance Direction Nearest Town <u>1/2</u> Miles <u>SE</u> of <u>Lucedale</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<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: <u>11-30-04</u>	Setting Depth: <u>90</u> feet
Rated Pump Capacity: <u>19</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-30-04</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>35</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>45</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	Well yielded <u>30</u> GPM with a drawdown of
Test Pumping Rate: <u>30</u> Gallons Per Minute	<u>10</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 Fryfogel 0408
 Print Name of Pump Installer and License No. (if applicable)

Michael R Fryfogel 0408
 Signature of Pump Installer