

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-120
L. S. Elevation: _____
E-log #: _____

County: George
Permit #: _____
Driller: Mike Fudge
Date drilling completed: 5-9-05

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>WENDELL FALLOS</u> <u>Wendell Fallos</u> | | Latitude: <u>30.57.28^N</u> | Longitude: <u>088.36.72^W</u> 43 |
| Mailing Address: <u>150 Jerry Fallos Rd</u> | | Method of Lat/Long (circle one): <u>12</u> Conventional Survey, | |
| <u>Leucetal Ms 39452</u> | | USGS quad: <u>NW¹/₄ NW¹/₄ Sec 20 Twn T15 Rng R6W</u> | |
| City: _____ State: _____ Zip Code: _____ | | Distance: <u>2</u> Miles | Direction: <u>NW</u> of Nearest Town: <u>Leucetal</u> |
| Telephone No. () _____ | | | |

Well Data

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

Date well drilling started: 5-9-05 Date well drilling completed: 5-9-05

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: _____

Hole depth: 60 Well depth: 60 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 50 feet Casing diameter: 2 inches Type of casing: PVC 40

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

Screen slot size: 8 inches Setting depth: From 50 feet to 60 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.

Michael R. Fudge 0408
Print Name of Water Well Contractor and License No.

Michael R. Fudge 0408
Signature of Water Well Contractor

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JUN 13 2005

BY: OLWR

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: Michael Wood
 Date completed: 5-9-05

For Office Use Only:

Aquifer: _____
 Well #: C-120
 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>Wendell Jallon</u> | Latitude: <u>30°57'20.34"</u> Longitude: <u>088°36'71.2"</u> |
| Mailing Address: <u>150 Jerry Jallon 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 Sec <u>20</u> Twn <u>T15</u> Rng <u>R6W</u> |
| Telephone No. () _____ | Distance Direction Nearest Town |
| | <u>2</u> Miles <u>NW</u> of <u>Lucedale</u> |

| Pump Type Circle one | Power Type Circle one |
|---|--|
| Air Lift <input checked="" type="radio"/> Jet <input type="radio"/> Submersible | Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas |
| Bucket <input type="radio"/> Piston <input type="radio"/> Turbine | <input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO |
| Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well | Windmill <input type="radio"/> Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>1</u> |
| Date Pump Installed: <u>5-9-05</u> | Setting Depth: <u>45</u> feet |
| Rated Pump Capacity: <u>8-12</u> Gallons Per Minute | Number of Stages: <u>2</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|--|
| Date Well Tested: _____ | <input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> 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>8</u> GPM with a drawdown of |
| Test Pumping Rate: <u>8</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 Fry Fogel 0408 Michael R Fry Fogel
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 JUN 13 2005
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