

State Well Report

Part I

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-124
 L. S. Elevation: _____
 E-log #: _____

County: George
 Permit #: _____
 Driller: Mike
 Date drilling completed: 12-16-05

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>Kelvin Nelson</u>	Latitude: <u>30.55.923</u> Longitude: <u>88.37.340</u>
Mailing Address: <u>7408 Lastnes Dr</u>	Method of Lat/Long (circle one): <u>55</u> Conventional Survey.
<u>More Point Ms 3956 2</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SW</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ Sec. <u>30</u> Twn <u>T15</u> Rng <u>R6W</u>
Telephone No. ()	Distance Direction Nearest Town
	<u>2</u> Miles <u>W</u> of <u>Lucedale</u>

Well Data

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

Date well drilling started: 12-16-05 Date well drilling completed: 12-16-05

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

Static Water Level: 100' feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 160 Well depth: 160 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 150 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: #6 inches Setting depth: From 150 feet to 160 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 Fryfog 0408
 Print Name of Water Well Contractor and License No.

Michael R Fryfog 0408
 Signature of Water Well Contractor

RECEIVED
 JAN 17 2006
 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)

For Office Use Only:

Aquifer: _____

Well #: C-124

Elevation: _____

County: DeWitt

Permit #: _____

Driller: Mike

Date completed: 12.19.05

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>Kelvin Nelson</u>	Latitude: <u>30-55-923N</u> Longitude: <u>088-37-34W</u>
Mailing Address: <u>7408 Laetner Dr</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>More Point Ms 39562</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>1/4 1/4 Sec 30 Twp T15 Rng R6W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>2 Miles W of Lucedale</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> <u>Jet</u> Submersible	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>2</u>
Date Pump Installed: <u>12-19-05</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>8-15</u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-19-05</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>100</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>110</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>7</u> GPM with a drawdown of
Test Pumping Rate: <u>7</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 Fogle 0408
 Print Name of Pump Installer and License No. (if applicable)

Michael R Fry Fogle 0408
 Signature of Pump Installer

RECEIVED
 JAN 17 2006
 BY: OLWR

