

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)

County: George
Permit #: _____
Driller: Mike
Date drilling completed: 4-12-06

For Office Use Only:

Aquifer: _____
Well #: C-127
L. S. Elevation: _____
E-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>Wesley Carlot</u>	Latitude: <u>30.58874N</u> Longitude: <u>88.35449W</u>
Mailing Address: <u>4202 Beaver Dam Rd</u>	Method of Lat/Long (circle one): <u>52</u> Conventional Survey, <u>25</u>
<u>Lucedale</u> <u>Ms</u> <u>39452</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	<u>NE 1/4 NW 1/4</u> Sec. <u>9</u> ✓ Twp <u>T15</u> ✓ Rng <u>R6W</u> ✓
Telephone No. () _____	Distance <u>3</u> Miles Direction <u>N</u> of Nearest Town <u>Lucedale</u>

Well Data

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

Date well drilling started: 4-12-06 Date well drilling completed: 4-12-06

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

Static Water Level: 30 feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 57 Well depth: 57 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 47 feet Casing diameter: 2 inches Type of casing: PVC wrapped

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

Screen slot size: 10 inches Setting depth: From 47 feet to 51 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 Fogli 0408 Michael R Fogli 0408

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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 39288-0631
 (601)961-3210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: C-127

Elevation: _____

County: George
 Permit #: _____
 Driller: Mike
 Date completed: 4-15-06

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

Owner Name: Wesley Carbit
 Mailing Address: 4202 Beaver Dam Rd
Lucedal MS 39452
 City State Zip Code
 Telephone No. () _____

Well Location

Latitude: 30-58-874N Longitude: 088-35-419W
 Method of Lat/Long (circle one): Conventional Survey
 USGS quad, Hand-held GPS, Survey-grade GPS
 1/4 Sec. 9 Twp. T15 Rng. R6W
 Distance Direction Nearest Town
3 Miles N of Lucedal

Pump Type
Circle one

Air Lift	<input checked="" type="radio"/> Jet	<input type="radio"/> Submersible
Bucket	<input type="radio"/> Piston	<input type="radio"/> Turbine
Centrifugal	<input type="radio"/> Rotary	<input type="radio"/> Flowing Well

Other (specify): _____
 Date Pump Installed: 4-15-06
 Rated Pump Capacity: 8.12 Gallons Per Minute

Power Type
Circle one

<input checked="" type="radio"/> Diesel Engine	<input type="radio"/> Gasoline Engine	<input type="radio"/> Natural Gas
<input checked="" type="radio"/> Electric Motor	<input type="radio"/> Hand	<input type="radio"/> Tractor PTO
<input type="radio"/> Windmill	Other (specify): _____	

Horse Power Rating of Motor: 1
 Setting Depth: 45 feet
 Number of Stages: 2

Pump Test Data

Date Well Tested: _____
 Static Water Level (A): 30 Feet Below Land Surface
 Pumping Water Level (B): 40 Feet Below Land Surface
 Drawdown [(B) - (A)]: 10 Feet Below Land Surface
 Test Pumping Rate: 8 Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level
Circle one

<input checked="" type="radio"/> Air Line	<input type="radio"/> Electric Measuring Line	<input type="radio"/> Steel Tape
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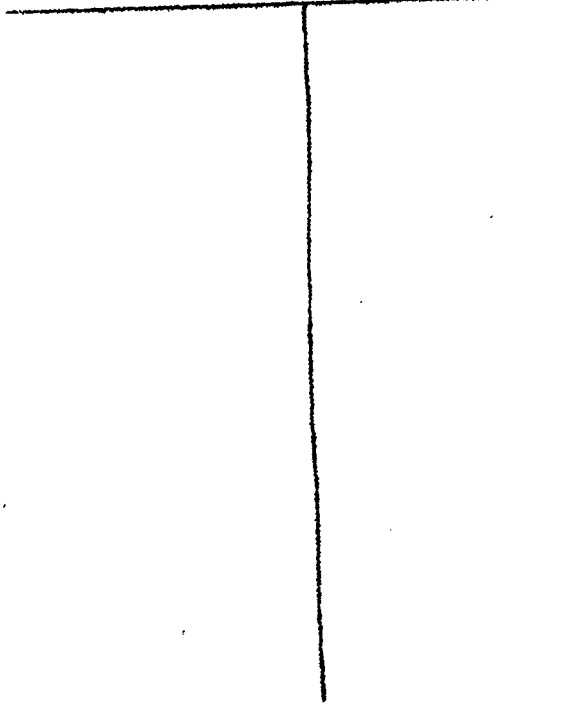
Other (specify): _____
 For flowing well, measured shut in head: _____ feet
 Well yielded 8 GPM with a drawdown of
10 feet after 1 1/2 hours of pumping

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

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

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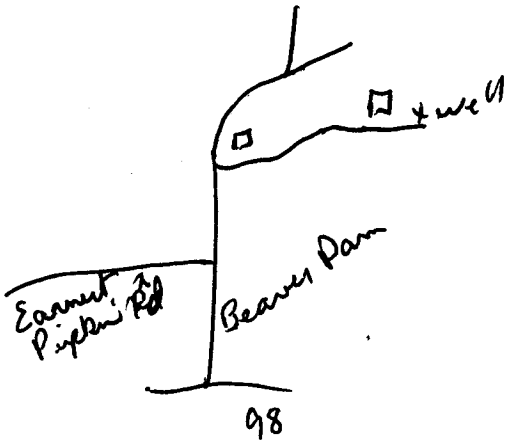
GROUND LEVEL



sand	0	2
Clay	7	10
sand	10	25
Clay	25	26
sand	26	57

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



Landowner Name: Wesley Carlitz

Michael R Dryfoz 0408
Signature of Water Well Contractor

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