

County: Deory
 Permit #: _____
 Driller: Mike Wood
 Date drilling completed: 8-8-07

Well Driller Report and Well Log

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-138
 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>Croom Nurser</u>	Latitude: <u>30° 58' 10"</u> Longitude: <u>88° 32' 14"</u>
Mailing Address: <u>3200 Rocky Creek Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Lucedal MS 39452</u>	<u>SW 1/4 SE 1/4 Sec 12 Twn T15 Rng R6W</u>
City State Zip Code	Distance Direction Nearest Town <u>3 Miles NE of Lucedal</u>
Telephone No. () _____	

Well Data

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

Date well drilling started: 8-8-07 Date well drilling completed: 8-8-07

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

Static Water Level: 50 feet above or below (circle one) land surface Date measured: _____

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

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

Type of grout (circle one): Cement Bentonite Mix

Casing length: 100 feet Casing diameter: 4 inches Type of casing: PVC 40

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

Screen slot size: 12 inches Setting depth: From 100 feet to 120 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 Fryfogk 0458 Michael R Fryfogk
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

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 BY: OLWR

C-138

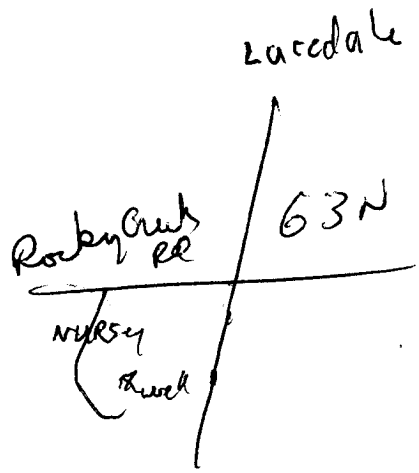
Ground Level

DESCRIPTION OF FORMERLY OBSERVED STRATA

Gravel	0	40
Clay	40	55
sand & clay	55	85
Rock	85	120

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.



Property Owner Name: Croon Nursery

Michael R. Fry 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-138
Elevation: _____

County: Levy
Permit #: _____
Driller: Mikes & Ward
Date completed: 8-9-07

This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.

Well Owner Information	Well Location
Owner Name: <u>Croon Mursey</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>3200 Rocky Creek Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Lucedale Ms 39452</u>	_____ 1/4 _____ 1/4 Sec <u>12</u> Twn <u>T15</u> Rng <u>R6W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>3</u> Miles <u>NE</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>5</u>
Date Pump Installed: <u>8-9-07</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>85</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>58</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>95</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>45</u> Feet Below Land Surface	Well yielded <u>100</u> GPM with a drawdown of
Test Pumping Rate: <u>100</u> Gallons Per Minute	<u>45</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 Fryfog 0408
Print Name of Pump Installer and License No. (if applicable)

Michael R Fryfog
Signature of Pump Installer

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BY: OLWR