

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 #: D-73 039
L. S. Elevation: _____
E-log #: _____

County: George
Permit #: _____
Driller: Mike
Date drilling completed: 7-29-04

Typical Water Well Service

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>Robert Lee</u>	Latitude: <u>30.58 079N</u> Longitude: <u>088.31.668W</u>
Mailing Address: <u>132 Pearson Dr</u>	Method of Lat/Long (circle one): <u>05</u> Conventional Survey, <u>40</u>
<u>Lucedale Ms 39452</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	<u>NW 1/4 NW 1/4 Sec 18 T15 R5W</u>
Telephone No. <u>601</u>	Distance <u>3 1/2</u> Miles Direction <u>NE</u> Nearest Town <u>Lucedale</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 7-29-04 Date well drilling completed: 7-29-04
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 40 feet above or below (circle one) land surface Date measured: 7-29-04
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: 2 inches Type of casing: PVC 40
Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC wrapped
Screen slot size: 1/8 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): _____

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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 Fry Eagle 0408
Print Name of Water Well Contractor and License No.

Michael R Fry Eagle 0408
Signature of Water Well Contractor

State Well Report

Part I

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10031
Jackson, MS 39207-0031
(601) 961-5210
(601) 354-6978 (fax)

For Office Use Only
Date of Report
Well No.
L.S. Number
County

County
Municipality
Well No.
L.S. Number
County

It is hereby certified that this report was prepared by the driller in detail and filed with the Department within _____ days of completion of drilling of the well.

Well Location		Well Owner Information	
Latitude	Longitude	Owner Name	Address
Method of Location (bearing and distance from a known point)	Method of Location (bearing and distance from a known point)	City	State
THREAT TO PUBLIC HEALTH AND ENVIRONMENTAL QUALITY	THREAT TO PUBLIC HEALTH AND ENVIRONMENTAL QUALITY	Zip Code	Telephone No. ()
Nearest Town	Nearest Town		

Well Data

Purpose of Well (Domestic, Industrial, Public Supply, Irrigation, Other) _____

Date well drilling completed _____

Depth of well (feet) _____

Method of Measurement (Vibracore, Steel core, Electric logs, Other) _____

Well depth to top of screen _____

Screen length _____

Screen diameter _____

Screen type _____

Screen slot size _____

Screen depth from _____

Type of application (if applicable) (Irrigation, Domestic, Industrial, Other) _____

Other (describe) _____

Top of pipe or casing is at _____ feet. If tested on more than one screen, describe on back of page.

Log (in table or separate sheet) No log run Electric Gamma Ray Density Sonic Log Other _____

Name of organization running logs: _____

I certify that this well was drilled, constructed, and completed in accordance with all applicable regulatory requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state law.

Signature of Well Contractor _____
Signature of Water Well Contractor and License No. _____

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 #: D-73

Elevation: _____

County: George
 Permit #: _____
 Driller: Mike
 Date completed: 8-5-04

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>Robert Lee</u>	Latitude: <u>30-58-07N</u> Longitude: <u>088-31-66W</u>
Mailing Address: <u>132 Pearson Dr</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 _____ 1/4 Sec <u>11B</u> Twn <u>T15</u> Rng <u>R5W</u>
Telephone No. (____) _____	Distance Direction Nearest Town
	<u>3 1/2</u> Miles <u>NE</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 Gasoline Engine 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 Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>8-5-04</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>8-12</u> Gallons Per Minute	Number of Stages: <u>2</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-5-04</u>	<input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>40</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>50</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.

Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer