

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-84
L. S. Elevation: _____
E-log #: _____

County: George 039
Permit #: _____
Driller: Mike
Date drilling completed: 4-8-05

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>Homestead Farms</u>	Latitude: <u>30° 56' 52" N</u>	Longitude: <u>88° 30' 38" W</u>	
Mailing Address: <u>241 Jessie Smith Rd</u>	Method of Lat/Long (circle one): <input checked="" type="radio"/> Conventional Survey, <input type="radio"/> GPS		
<u>Lucedale MS 39452</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <input checked="" type="checkbox"/>		
City State Zip Code	<u>SE 1/4 SW 1/4 Sec 20 Twn T15 Rng R5W</u>		
Telephone No. () _____	Distance: <u>4 1/2</u> Miles	Direction: <u>N E</u>	Nearest Town: <u>Lucedale</u>
Well Data			
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: <u>Nursery</u>			
Date well drilling started: <u>4-8-05</u>		Date well drilling completed: <u>4-14-05</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>75</u> feet above or below (circle one) land surface		Date measured: _____	
Method of Measurement (circle one) steel tape electric tape <u>air line</u> other: _____			
Hole depth: <u>102</u>	Well depth: <u>102</u>	Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement Bentonite <u>Mix</u>			
Casing length: <u>82</u> feet	Casing diameter: <u>4</u> inches	Type of casing: <u>PVC 40</u>	
Screen length: <u>20</u> feet	Screen diameter: <u>4"</u> inches	Type of screen: <u>PVC wrapped</u>	
Screen slot size: <u>10' #8</u> inches	Setting depth: From <u>82</u> feet to <u>102</u> feet		
Type of completion (circle all applicable): <u>Gravel packed</u> 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.			
<u>Michael R FryFogle 0408</u>		<u>Michael R FryFogle 0408</u>	
Print Name of Water Well Contractor and License No.		Signature of Water Well Contractor	

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If well telescopes please sketch below and show depths.

Ground Level

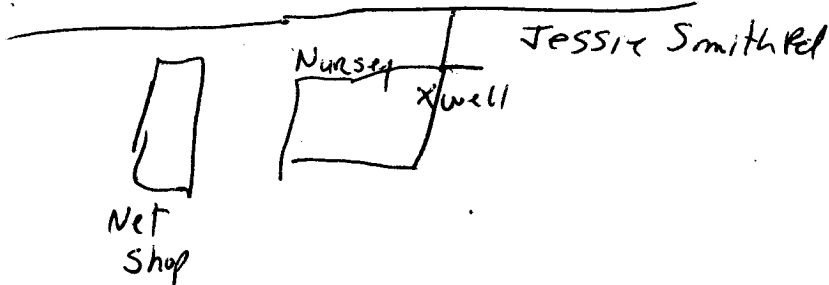
Blank area for sketching well telescopes and depths.

D-84

Description of Formations Encountered	From	To
0-Top soil	0	1
20-25	1	20
25-52	20	25
52-57	25	52
57-102	52	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: Curtis Bennett

Michael R. Trigg 0408
Signature of Water Well Contractor

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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: Mike
 Date completed: 4-14-05

For Office Use Only:

Aquifer: _____
 Well #: D-84
 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>Honeatuck Farm</u>	Latitude: <u>30-56 51N</u> Longitude: <u>088-30 33W</u>
Mailing Address: <u>241 Jessie Smith 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 _____ 1/4 Sec <u>20</u> Twn <u>T15</u> Rng <u>R5W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>4 1/2</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>2</u>
Date Pump Installed: <u>4-14-05</u>	Setting Depth: <u>102</u> feet
Rated Pump Capacity: <u>27</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-14-05</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>75</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>90</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>15</u> Feet Below Land Surface	Well yielded <u>45</u> GPM with a drawdown of
Test Pumping Rate: <u>45</u> Gallons Per Minute	<u>15</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 Fryfogle 0408 Michael R Fryfogle 0408
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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