

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 #: D-97
L. S. Elevation: _____
E-log #: _____

County: George
Permit #: _____
Driller: Mick
Date drilling completed: 6-12-06

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>Justin Turner</u>	Latitude: <u>31.58369N</u> Longitude: <u>88.31946W</u>
Mailing Address: <u>Brushy Creek Rd</u>	Method of Lat/Long (circle one): <u>30</u> <u>22</u> <u>36</u> <u>37</u> Conventional Survey.
<u>Lucedal Ms 39452</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	NE 1/4 SE 1/4 Sec. <u>11</u> Twn <u>T15</u> Rng <u>R5W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>9</u> Miles <u>N 9</u> of <u>Lucedal</u>

Well Data

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

Date well drilling started: 6-12-06 Date well drilling completed: 6-12-06

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

Static Water Level: 70 feet above or below (circle one) land surface Date measured: _____

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: 4 inches Type of casing: PUC 40

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PUC wrapped

Screen slot size: 10 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): _____

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 Fryfogls 0468
Print Name of Water Well Contractor and License No.

Michael R Fryfogls
Signature of Water Well Contractor

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OCT 02 2006

BY: OLWF

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10691
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Acquirer:

Well #: D-97

Elevation:

County: Stovall
Permit #: _____
Driller: Mike
Date completed: 6-12-06

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: Justin Turner
Mailing Address: Brushy Creek Rd
Lucedale Ms 39452
City State Zip Code
Telephone No. () _____

Well Location

Latitude: 31-58-969N Longitude: 088-31-949W
22 57
Method of Lat/Long (circle one): Conventional Survey
USGS quad, Hand-held GPS, Survey-grade GPS
14 14 Sec. 11 Twp. T15 Rng. R5W
Distance Direction Nearest Town
9 Miles NE of Lucedale

Pump Type
Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify): _____
Date Pump Installed: 6-12-06
Rated Pump Capacity: 19 Gallons Per Minute

Power Type
Circle one

Diesel Engine Gasoline Engine Natural Gas
Electric Motor Hand Tractor PTO
Windmill Other (specify): _____
Horse Power Rating of Motor: 1
Setting Depth: 90 feet
Number of Stages: 9

Pump Test Data

Date Well Tested: 6-12-06
Static Water Level (A): 70 Feet Below Land Surface
Pumping Water Level (B): 80 Feet Below Land Surface
Drawdown (B) - (A): 10 Feet Below Land Surface
Test Pumping Rate: 30 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level
Circle one

Air Line Electric Measuring Line Steel Tape
Other (specify): _____
For flowing well, measured shut in head: _____ feet
Well yielded 30 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 Fryfogel 0408
Print Name of Pump Installer and License No. (if applicable)

Michael R Fryfogel 0408
Signature of Pump Installer

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OCT 02 2006

BY: OLWR

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