

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-102
L. S. Elevation: _____
B-log #: _____

County: Leary
Permit #: _____
Driller: Mike & Wade
Date drilling completed: 11-17-06

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>Frank Turner</u>	Latitude: <u>30.57 913N</u> Longitude: <u>88.26.585W</u>
Mailing Address: <u>112 South M^o Road</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Lucedale MS 39452</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NW 1/4 NW 1/4 Sec 13</u> Twn <u>T15</u> Rng <u>R5C4</u>
Telephone No.:	Distance <u>3</u> Miles <u>SE</u> Direction of <u>Leakeville</u> Nearest Town

Well Data

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

Date well drilling started: 11-17-06 Date well drilling completed: 11-17-06

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

Static Water Level: 38' feet above or below (circle one) land surface Date measured: _____

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

True depth: 70' Well depth: 70 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 4 inches Type of casing: PVC 40

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

Screen slot size: 8 inches Setting depth: From 60 feet to 70 feet

Type of completion (circle all applicable): Gravel packed Undecreamed Telescoped Open hole Natural Development

Other (describe): _____

Top of log 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 Fryfogel 0408 Michael R Fryfogel 0408
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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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 10681
 Jackson, MS 39208-0681
 (601)961-5210
 (800)254-6938 (toll-free)

For Office Use Only:

Aquifer: _____

Well #: D-102

Elevation: _____

County: George
 Permit #: _____
 Driller: Mike & Wade
 Date completed: 11-18-06

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: Frank Turner

Mailing Address: 112 Shelly McLeod Rd
Lumbard MS 39452
City State Zip Code

Telephone No. () _____

Well Location

Latitude: 30-57-9.3N Longitude: 88-26-58SW

Method of Lat/Long (circle one): Conventional Survey

USGS quad, Hand-held GPS, Survey-grade GPS

14 Sec 13 Twp T15 Rng R5W

Distance: 5 miles SE of Leaksville

Pump Type
Circle one

Air Lift: Jet Submersible

Bucket: Piston Turbine

Centrifugal: Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 11-17-06

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): _____

Motor Power Rating of Motor: 1

Setting Depth: 70 feet

Number of Stages: 9

Pump Test Data

Date Well Tested: _____

Static Water Level (A): 38' Feet Below Land Surface

Pumping Water Level (B): 58' Feet Below Land Surface

Drawdown (B) - (A): 20 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 20 feet after 1/2 hours of pumping

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

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

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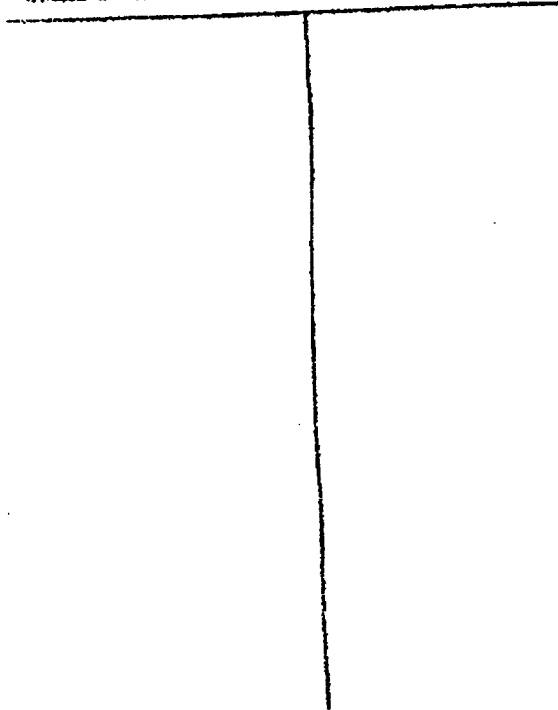
DEC 29 2006

BY: OLWR

D-102

If well telescopes please sketch below and show depths.

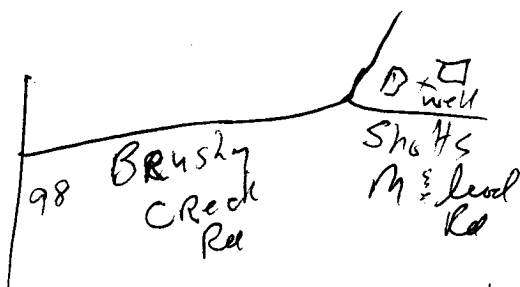
Ground Level



Description of Formations Encountered	From	To
sand	0	3
clay	3	4
clay	4	22
sand	22	33
clay	23	52
sand	52	70
road		

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.



Contractor Name: Frank Turner

Signature of Water Well Contractor: Michael R. Fryjose 0408

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