

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-103
L. S. Elevation: _____
B-log #: _____

County: George
Permit #: _____
Driller: Mike Swade
Date drilling completed: 11-14-06

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>Danny Spigall</u>	Latitude: <u>30° 58' 38" N</u> Longitude: <u>088° 26' 38" W</u>
Mailing Address: <u>150 Emerald Dr</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input checked="" type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Lucedal, Ms 39452</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE 1/4 SW 1/4 Sec 12 Twn 17 Rng R5W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>3 Miles S.E. of Leakesville</u>

Well Data

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

Date well drilling started: 11-14-06 Date well drilling completed: 11-14-06

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

Static Water Level: 30 feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 75 Well depth: 75 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 45 feet Casing diameter: 4 inches Type of casing: PVC 40

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

Screen slot size: 8 inches Setting depth: From 65 feet to 75 feet

Type of completion (circle all applicable): Gravel packed Undreamed 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. Fryfogel 0408 Michael R. Fryfogel 0408
Print Name of Water Well Contractor and License No. 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 10661
 Jackson, MS 39208-0661
 (601)961-5210
 (800)254-6938 (toll-free)

For Office Use Only:

Aquifer: _____

Well #: D-103

Elevation: _____

County: DeSoto

Permit #: _____

Dweller: Mikes & Wad

Date completed: 11-15-06

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: Danny Spigall

Mailing Address: 15 Emerald Dr

Lucedal MS 39452
 City State Zip Code

Telephone No. () _____

Well Location

Latitude: 30 58 23N Longitude: 088-26-348W

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

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

_____ 14 _____ 14 Sec. 12 Twp. T15 R. R5W

Distance: 3 Miles Direction: SE of Nearest Town: Seakenville

Pump Type Circle one

Air Lift: Jet Submersible
 Bucket: Piston Turbine
 Centrifugal: Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 11-15-06

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: 75 feet

Number of Stages: 9

Pump Test Data

Date Well Tested: _____

Static Water Level (A): 30 Feet Below Land Surface

Pumping Water Level (B): 50 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 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

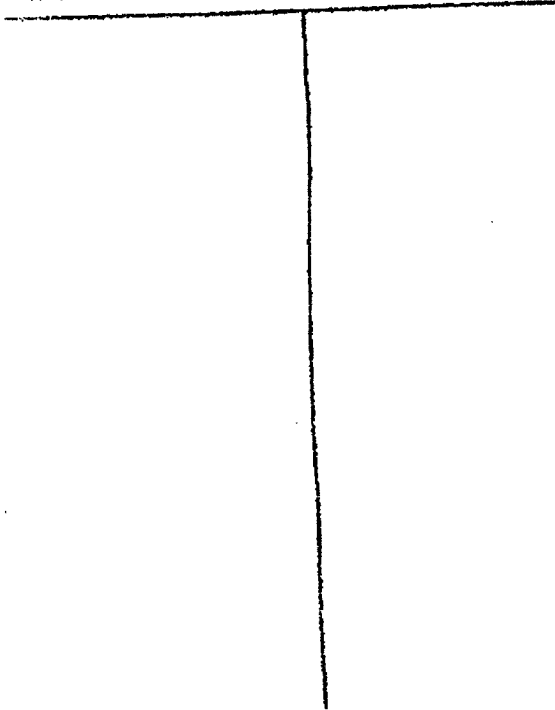
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If well telescopes please sketch below and show depths.

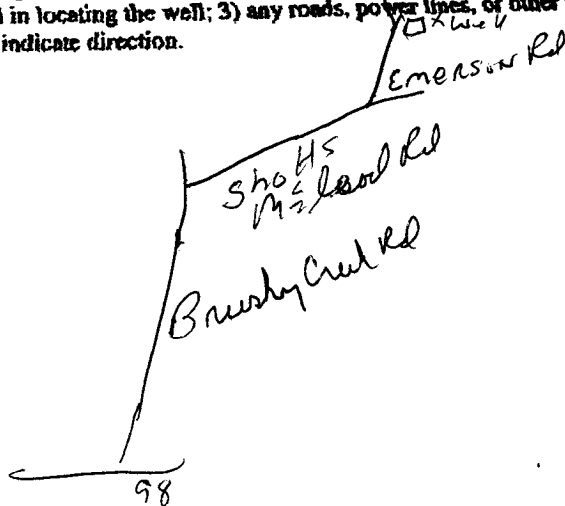
Ground Level



Description of Formations Encountered	From	To
Clay	0	3
sand	3	9
Clay	9	22
sand	22	42
Clay	42	46
sand	46	75

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: Danny Spiegel

Michael R. Fryfogle
Signature of Water Well Contractor

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