

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 #: E-94
L. S. Elevation: _____
B-log #: _____

County: Dezoe
Permit #: _____
Driller: Mike
Date drilling completed: 4-11-06

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>Deborah Baldwin</u>	Latitude: <u>30.52246N</u>	Longitude: <u>088.464520</u>		
Mailing Address: <u>141 Choctaw Dr</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u>			
<u>Lucedal</u> <u>MS</u> <u>39452</u>	USGS quad, <u>IR 14 NE 23</u> Twn <u>T25</u> Rng <u>R8W</u>			
City State Zip Code	Distance: <u>1 1/2</u> Miles	Direction: <u>E</u>	Nearest Town: <u>Berndal</u>	

Well Data

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

Date well drilling started: 4-10-06 Date well drilling completed: 4-11-06

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: _____

Basic depth: 148 Well depth: 148 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 143 feet Casing diameter: 2 inches Type of casing: PUC 40

Screen length: 5 feet Screen diameter: 2 inches Type of screen: PUC wrap

Screen slot size: 8 inches Setting depth: From 143 feet to 148 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 Fry 0408 Michael R Fry
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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MAY 12 2006
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 10631
 Jackson, MS 39288-0631
 (601)961-3210
 (601)354-6938 (fax)

For Office Use Only:

County: George
 Permit #: _____
 Driller: Mick
 Date completed: 4-18-06

Aquifer: _____
 Well #: EPA
 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

Owner Name: Deborah Baldwin
 Mailing Address: 141 Choctaw Dr
Lucedale MS 39452
 City State Zip Code
 Telephone No. () _____

Well Location

Latitude: 30 52 24 N Longitude: 088 46 45 W
 Method of Lat/Long (circle one): Conventional Survey
 USGS quad, Hand-held GPS, Survey-grade GPS
 14 Sec. 23 Twp 25 Rng 8W
 Distance Direction Nearest Town
1 1/2 Miles E of Bermdale

Pump Type
Circle one

Air Lift	<input checked="" type="radio"/> Jet	<input type="radio"/> Submersible
Bucket	<input type="radio"/> Piston	<input type="radio"/> Turbine
Centrifugal	<input type="radio"/> Rotary	<input type="radio"/> Flowing Well

Other (specify): _____
 Date Pump Installed: 4-18-06
 Rated Pump Capacity: 8-12 Gallons Per Minute

Power Type
Circle one

<input type="radio"/> Diesel Engine	<input type="radio"/> Gasoline Engine	<input type="radio"/> Natural Gas
<input checked="" type="radio"/> Electric Motor	<input type="radio"/> Hand	<input type="radio"/> Tractor PTO
<input type="radio"/> Windmill	Other (specify): _____	

Horse Power Rating of Motor: 1
 Setting Depth: 90 feet
 Number of Stages: 2

Pump Test Data

Date Well Tested: _____
 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: 8 Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level
Circle one

<input checked="" type="radio"/> Air Line	<input type="radio"/> Electric Measuring Line	<input type="radio"/> Steel Tape
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Other (specify): _____
 For flowing well, measured shut in head: _____ feet
 Well yielded 7 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 Fry 0408 Michael R Fry 0408
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 MAY 12 2006
 BY: OLWR

