

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

County: Dezoe
Permit #: _____
Driller: Mik & Wal
Date drilling completed: 11-7-06

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>David Jarvi</u> | Latitude: <u>30.50.101N</u> Longitude: <u>088.47.097W</u> |
| Mailing Address: <u>131 George Allen RD</u> | Method of Lat/Long (circle one): <u>06</u> Conventional Survey, <u>06</u> |
| <u>Lucedale Ms 39452</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | <u>NE 1/4 NE 1/4 Sec. 33 T25 R8W</u> |
| Telephone No. () _____ | Distance Direction Nearest Town |
| | <u>2 1/2 Miles S of Lucedale</u> |

Well Data

Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 11-6-06 Date well drilling completed: 11-6-06
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 100' feet above or below (circle one) land surface Date measured: _____
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 220 Well depth: 220 Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 210 feet Casing diameter: 2 inches Type of casing: PVC 40
Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC wrapped
Screen slot size: 8 inches Setting depth: From 210 feet to 220 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. Eryfogel 0408
Print Name of Water Well Contractor and License No.

Michael R. Eryfogel 0408
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 10451
 Jackson, MS 39288-0451
 (601) 261-5210
 (800) 354-6938 (toll)

For Office Use Only:

Aquifer: _____

Well #: E-97

Stratification: _____

County: Dezoye
 Permit #: _____
 Driller: Milt Ward
 Date completed: 11-7-06

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 | Well Location |
|--|---|
| Owner Name: <u>David Jarvin</u> | Latitude: <u>30-50-10 N</u> Longitude: <u>088-47-097 W</u> |
| Mailing Address: <u>131 Dezoye, Allard</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>Lucedal MS 39452</u> | USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| City State Zip Code | <u>14</u> <u>14</u> Sec <u>33</u> T <u>25</u> R <u>8W</u> |
| Telephone No. () _____ | Distance Direction Nearest Town |
| | <u>2 1/2</u> miles <u>S</u> of <u>Berndale</u> |

| Pump Type Circle one | Power Type Circle one |
|---|---|
| Air Lift <input checked="" type="radio"/> Jet <input type="radio"/> Submersible | Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas |
| Bucket <input type="radio"/> Piston <input type="radio"/> Turbine | <u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO |
| Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well | Windmill <input type="radio"/> Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>1</u> |
| Date Pump Installed: <u>11-7-06</u> | Setting Depth: <u>120</u> feet |
| Rated Pump Capacity: <u>8-12</u> Gallons Per Minute | Number of Stages: <u>2</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|---|
| Date Well Tested: _____ | <u>Air Line</u> <input checked="" type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/> |
| Static Water Level (A): <u>100</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>110</u> Feet Below Land Surface | For flowing well, measured static in head: _____ feet |
| Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface | Well yielded <u>6</u> GPM with a drawdown of |
| Test Pumping Rate: <u>6</u> Gallons Per Minute | <u>10</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 Fryfoz 0408
 Print Name of Pump Installer and License No. (if applicable)

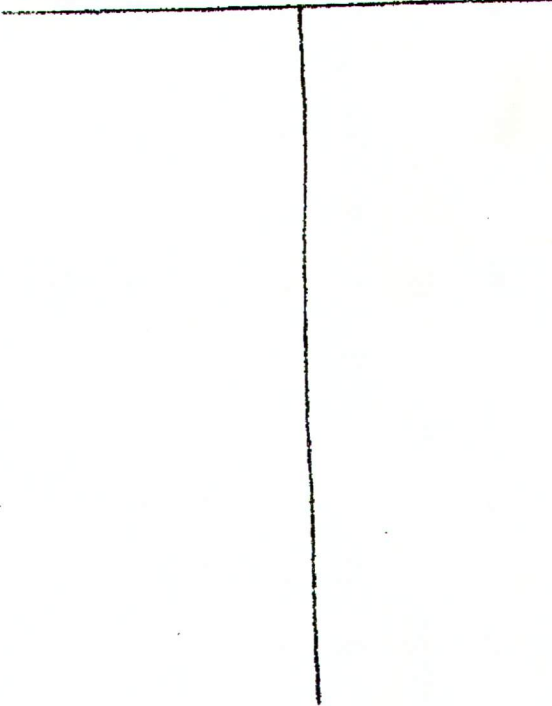
Michael R Fryfoz 0408
 Signature of Pump Installer

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E-97

If well telescopes please sketch below and show depths.

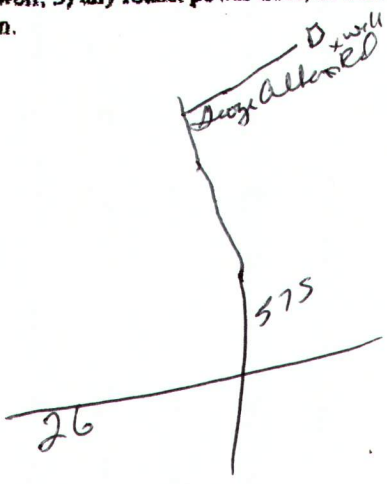
Ground Level



| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| Clay | 0 | 6 |
| sand | 6 | 12 |
| Clay | 12 | 22 |
| sand | 22 | 28 |
| Clay | 28 | 52 |
| sand | 52 | 63 |
| Clay | 63 | 105 |
| silt | 105 | 120 |
| Clay | 120 | 180 |
| silt | 180 | 195 |
| sand | 195 | 220 |
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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: David Jawci

Michael R. Fryfogel
Signature of Water Well Contractor

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