

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)

County: George
 Permit #: _____
 Title: Mk F Wade
 Date drilling completed: 11-9-06

For Office Use Only:

Aquifer: _____
 Well #: E-98
 L. S. Elevation: _____
 B-log #: _____

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>Billy Bradley</u>	Latitude: <u>30.5121</u> Longitude: <u>88.49.50</u>
Mailing Address: <u>211 Rhythms Fairley Rd</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>Lucedale MS 39452</u>	<u>NW 1/4 SW 1/4 Sec 19 T25 R8W</u>
City: _____ State: _____ Zip Code: _____	Distance: _____ Miles Direction: <u>W</u> of Nearest Town: <u>Bondale</u>
Telephone No.: _____	

Well Data

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

Date well drilling started: 11-9-06 Date well drilling completed: 11-9-06

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

Static Water Level: 28 feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 52 Well depth: 52 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 47 feet Casing diameter: 2 inches Type of casing: PVC 40

Screen length: 5' feet Screen diameter: 2 inches Type of screen: PVC wrapped

Screen slot size: 8 inches Setting depth: From 47 feet to 52 feet

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

Other (describe): _____

Tip of tap 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 Fogle 0408 Michael R Fry Fogle 0408
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

DEC 21 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 10691
 Jackson, MS 39288-0691
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: E 98

Elevation: _____

County: DeWitt
 Permit #: _____
 Driller: Mike L Wade
 Date completed: 11-9-06

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>Bill Bradley</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>211 Luther Fairley Rd</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey,
<u>Sealedale Ms 39452</u>	<input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip Code	<u>14</u> <u>14</u> Sec <u>19</u> Twp <u>T25</u> Rng <u>R8W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>1</u> Miles <u>W</u> of <u>Benndale</u>

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

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Print Name of Pump Installer and License No. (if applicable) _____

Signature of Pump Installer _____

RECEIVED

DEC 20 2006

BY: OLWR

