

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-99
 L. S. Elevation: _____
 B-log #: _____

County: George
 Permit #: _____
 Driller: Mike Wade
 Date drilling completed: 12-15-06

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>Billy Bradley</u>	Latitude: <u>30.51843N</u> Longitude: <u>89.49172W</u>
Mailing Address: <u>211 Luther Taylor Rd</u>	Method of Lat/Long (circle one): <u>50</u> Conventional Survey, <u>10</u>
<u>Bonneton</u> <u>MS</u> <u>39452</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 NE 1/4 Sec 19 Twn T25 Rng R8W</u>
Telephone No. () _____	Distance _____ Miles _____ Direction _____ of _____ Nearest Town

Well Data

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

Date well drilling started: 12-1-06 Date well drilling completed: 12-5-06

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

Static Water Level: 115 feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 285 Well depth: 285 Well grouted to a depth of _____ feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 275 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 275 feet to 285 feet

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

Other (describe): _____

Top of top 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
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

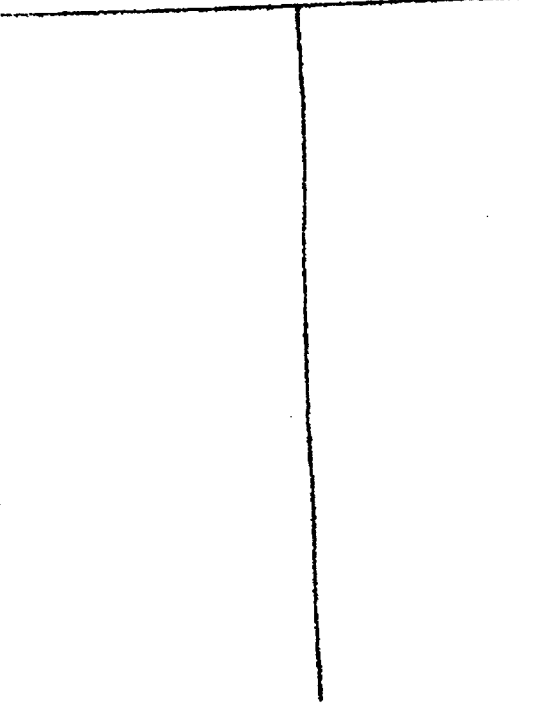
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E-49

If well telescopes please sketch below and show depths.

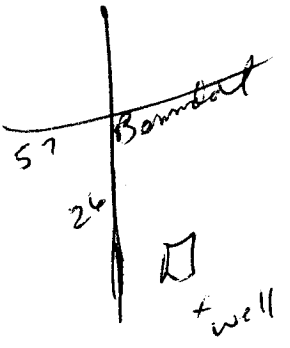
Ground Level



Description of Formations Encountered	From	To
Clay	0	8
sand	8	12
Clay	12	32
sand	32	62
Clay	62	85
Blue clay	85	185
silt	185	230
sand	230	285

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: Billy Bradley

Michael R. Snydal 0468
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 10651
 Jackson, MS 39288-0631
 (601)961-5210
 (601)354-8938 (fax)

County: DeSoto
 Permit #: _____
 Driller: Mk. J. Wade
 Date completed: 12-15-06

For Office Use Only:

Aquifer: _____
 Well #: E-99
 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	Well Location
Owner Name: <u>Billy Bialle</u>	Latitude: <u>30-51-8.43N</u> Longitude: <u>88-49-17.2W</u>
Mailing Address: <u>211 Luther Fairley Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Decebal, 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>19</u> Twn <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 type="radio"/> Jet <input checked="" 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 checked="" 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>2</u>
Date Pump Installed: <u>12-15-06</u>	Setting Depth: <u>180</u> feet
Rated Pump Capacity: <u>8-15</u> Gallons Per Minute	Number of Stages: <u>3</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>115</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>160</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>45</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>45</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 Fry Eagle 0408
 Print Name of Pump Installer and License No. (if applicable)

Michael R Fry Eagle 0408
 Signature of Pump Installer

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 BY: OLWR