

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 #: G-133
L. S. Elevation: _____
E-log #: _____

County: George 029
Permit #: _____
Driller: Mike
Date drilling completed: 4-4-05

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>Chris M. Kissick</u> | Latitude: <u>30.49.808N</u> | Longitude: <u>88.33.763W</u> | |
| Mailing Address: <u>4151 Old Mobil Hwy</u> | Method of Lat/Long (circle one): <u>Hand-held GPS</u> Survey-grade GPS | | |
| <u>Lucedale</u> <u>Ms</u> <u>39452</u> | USGS quad, <u>Hand-held GPS</u> Survey-grade GPS | | |
| City State Zip Code | <u>SW 1/4NW 1/4 Sec. 35 Twn 25 Rng R6W</u> | | |
| Telephone No. () _____ | Distance: <u>5 1/2</u> Miles | Direction: <u>5</u> | Nearest Town: <u>Lucedale</u> |

Well Data

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

Date well drilling started: 4-4-05 Date well drilling completed: 4-4-05

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

Static Water Level: 65 feet above or below (circle one) land surface Date measured: 4-4-05

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

Hole depth: 130 Well depth: 130 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 120 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 120 feet to 130 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.

FRyfoyle Michael R 0408 Michael R. Fryfoyle 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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: G-133

Elevation: _____

County: George
 Permit #: _____
 Driller: Mike
 Date completed: 4-4-05

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>Chris McKissick</u> | Latitude: <u>30 49 808N</u> Longitude: <u>088 33 763N</u> |
| Mailing Address: <u>4151 Old Mable Hwy</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>Lucedal Ms 39452</u> | USGS quad, <u>(Hand-held GPS)</u> , Survey-grade GPS |
| City State Zip Code | <u>1/4 1/4 Sec 35 Twn T25 Rng R6W</u> |
| Telephone No. () _____ | Distance Direction Nearest Town |
| | <u>5 1/2 Miles S of Lucedal</u> |

| Pump Type Circle one | Power Type Circle one |
|---|--|
| Air Lift <input type="radio"/> <u>Jet</u> <input type="radio"/> Submersible | Diesel Engine Gasoline Engine 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 Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>2</u> |
| Date Pump Installed: <u>4-4-05</u> | Setting Depth: <u>100</u> feet |
| Rated Pump Capacity: <u>8-12</u> Gallons Per Minute | Number of Stages: <u>3</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|--|
| Date Well Tested: <u>4-4-05</u> | <u>Air Line</u> <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/> |
| Static Water Level (A): <u>80</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>90</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface | Well yielded <u>9</u> GPM with a drawdown of |
| Test Pumping Rate: <u>9</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 Fry Fogle 0408
 Print Name of Pump Installer and License No. (if applicable)

Michael R Fry Fogle 0408
 Signature of Pump Installer

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BY: OLWR