

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-142
 L. S. Elevation: _____
 E-log #: _____

County: George
 Permit #: _____
 Driller: Mik
 Date drilling completed: 11-10-05

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>Jamie Cochran</u>	Latitude: <u>30.541021</u> Longitude: <u>088.378114</u>
Mailing Address: <u>124 Rigony Dr.</u>	Method of Lat/Long (circle one): Conventional Survey, <u>24</u>
<u>Decatur MS 39452</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 6 Twn 25 Rng R6W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>1</u> Miles <u>W</u> of <u>Decatur</u>

Well Data

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

Date well drilling started: 11-10-05 Date well drilling completed: 11-10-05

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 90 Well depth: 90 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 30 feet Casing diameter: 2 inches Type of casing: PVC 90

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC wrapped

Screen slot size: 1/8 inches Setting depth: From 80 feet to 90 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 Fryfog/5 0408 Michael R Fryfog/5 0408
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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G-142

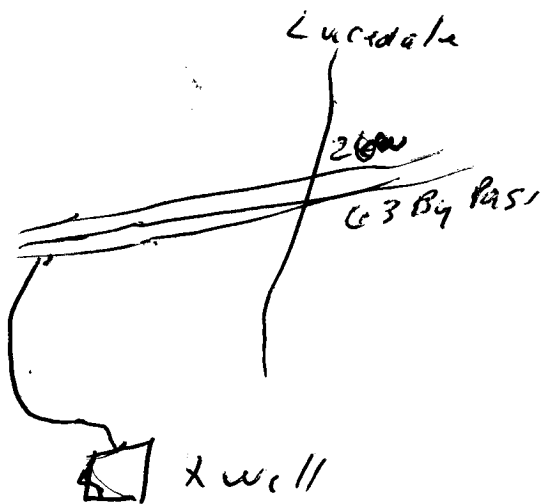
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
sand	1	5
Clay	5	8
sand	8	20
Clay	20	26
sand	26	57
Clay	57	60
hard med	60	90

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: Jamie Cochran

Michael R. Traylor 0408
Signature of Water Well Contractor

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 #: <u>G-142</u>
Elevation: _____

County: <u>George</u>
Permit #: _____
Driller: <u>Mike</u>
Date completed: <u>11-10-05</u>

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>James Cochran</u>	Latitude: <u>30-54-1024</u> Longitude: <u>88-37-4116</u>
Mailing Address: <u>124 Rigney Dr</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>Lucedale, MS 39452</u>	USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>6</u> Twn <u>T25</u> Rng <u>R6W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>1</u> Miles <u>W</u> of <u>Lucedale</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>11-10-05</u>	Setting Depth: <u>70</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>11-10-05</u>	<input checked="" type="radio"/> Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>60</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>70</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>8</u> GPM with a drawdown of
Test Pumping Rate: <u>8</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.

<u>Michael R Fryfogel 0408</u> Print Name of Pump Installer and License No. (if applicable)	<u>Michael R Fryfogel 0408</u> Signature of Pump Installer
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