

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 #: G-143
L. S. Elevation: _____
E-log #: _____

County: DeWitt
Permit #: _____
Driller: Mike
Date drilling completed: 1-26-06

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>Christy Hilbin</u>	Latitude: <u>30 51 784N</u> Longitude: <u>088 32 401W</u>
Mailing Address: <u>182 Easley Rd</u>	Method of Lat/Long (circle one): <u>47</u> Conventional Survey, <u>24</u>
<u>Lucedale MS 39452</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 NW 1/4 Sec 24</u> Twn <u>2N</u> Rng <u>6W</u>
Telephone No. () _____	Distance Direction Nearest Town Miles of _____

Well Data

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

Date well drilling started: 1-26-06 Date well drilling completed: 1-26-06

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

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

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

Hole depth: 95 Well depth: 95 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 85 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: 1/10 inches Setting depth: From 85 feet to 95 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 Fryfogel 0408
Print Name of Water Well Contractor and License No.

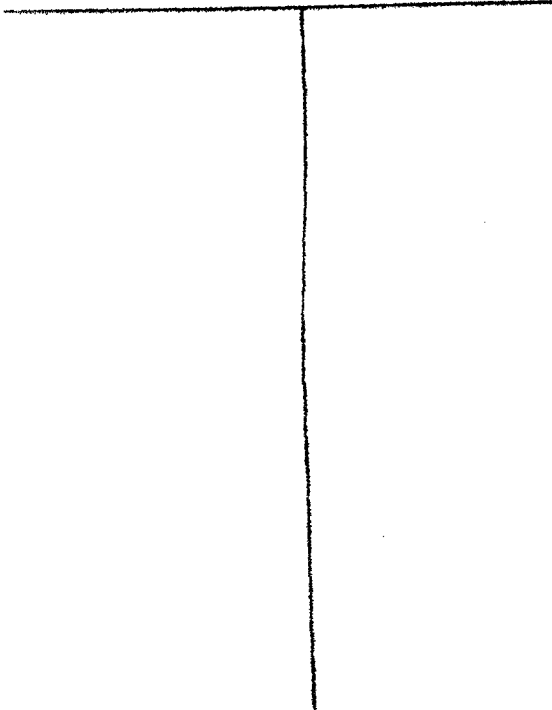
Michael R Fryfogel 0408
Signature of Water Well Contractor

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G-143

If well telescopes please sketch below and show depths.

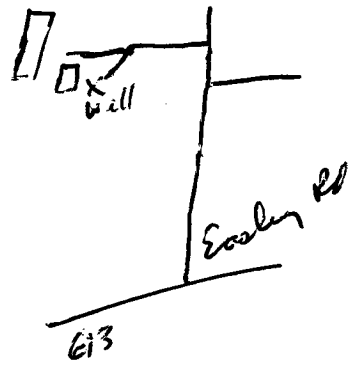
Ground Level



Description of Formations Encountered	From	To
Clay	0	27
sand coarse	27	52
clay	52	55
sand med	55	65
Clay	65	66
sand	66	73
Clay	73	75
sand coarse	75	95

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: Christy Hilbin

Michael R. Trapp 0408
 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-143

Elevation: _____

County: Choctaw
 Permit #: _____
 Driller: Mike
 Date completed: 1-27-06

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>Christy Hilbin</u>	Latitude: <u>30 51 784N</u> Longitude: <u>088-32-461W</u>
Mailing Address: <u>182 Easley Rd</u>	Method of Lat/Long (circle one): <u>47</u> Conventional Survey, <u>24</u>
<u>Lucedale, MS 39452</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>24</u> Twn <u>T2N</u> Rng <u>R6W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>4</u> Miles <u>NW</u> of <u>Agriculture</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket <input type="radio"/> Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal <input type="radio"/> Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>1-27-06</u>	Setting Depth: <u>75</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>1-27-06</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.

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

Signature of Pump Installer

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