

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
 Person #: _____
 Driller: Mike Swade
 Date drilling completed: 9-5-06

For Office Use Only:
 Aquifer: _____
 Well #: G-147
 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>Jerald Crew</u> | Latitude: <u>30° 49.85' N</u> Longitude: <u>88° 33.23' W</u> |
| Mailing Address: <u>126 Nonca Way</u> | Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> 44 |
| <u>Lucedal Ms 39452</u> | USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS |
| City State Zip Code | <u>SW 1/4 NW 1/4 Sec 35 T 25 R 6 W</u> |
| Telephone No. 1 _____ | Distance Direction Nearest Town <u>3 Miles NW of Agricola</u> |

Well Data

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

Date well drilling started: 8-21-06 Date well drilling completed: 8-28-06

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

Static Water Level: 100' feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 370 Well depth: 370 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 360 feet Casing diameter: 4 inches Type of casing: PVC 40

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC wrapped

Screen slot size: 8 inches Setting depth: From 360 feet to 370 feet

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

Other (describe): _____

Top of log 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 under the Mississippi Department of Health regulations and state laws.

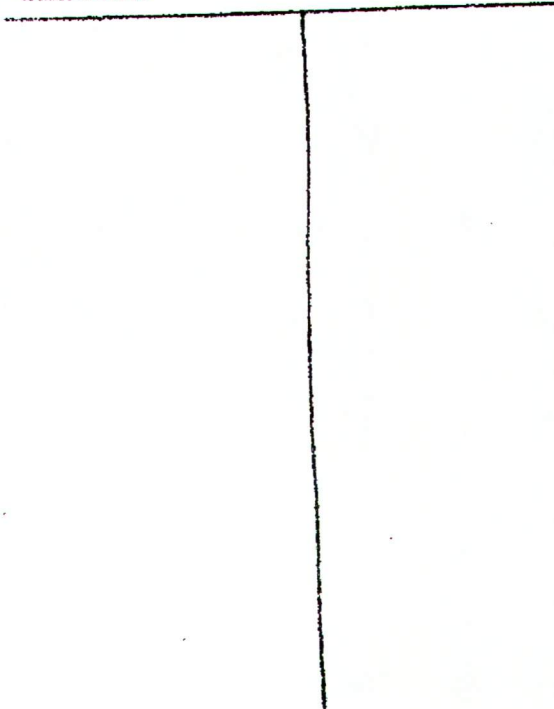
Michael R Fry Fogle 0408 Michael R Fry Fogle
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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G-147

If well telescopes please sketch below and show depths.

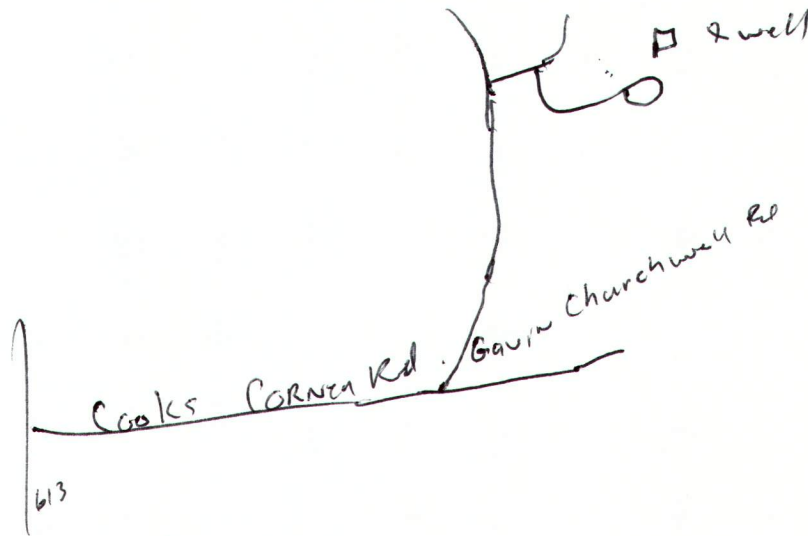
Ground Level



| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| Clay | 0 | 30 |
| sand | 30 | 45 |
| Clay | 45 | 46 |
| sand | 60 | 90 |
| Clay | 90 | 110 |
| sand | 110 | 135 |
| Blue Clay | 135 | 170 |
| sand | 170 | 190 |
| Clay | 190 | 240 |
| sand | 240 | 255 |
| sand | 255 | 270 |
| Clay | 270 | 320 |
| sand | 320 | 370 |
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| | | |

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: Jerald Crews

Michael R. Fryfogel 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 10651
 Jackson, MS 39288-0651
 (601) 961-3210
 (800) 354-6938 (toll)

For Office Use Only:

Aquifer: _____

Well #: G-147

Elevation: _____

County: Levy
 Permit #: _____
 Driller: Mike Wood
 Date completed: 9-5-06

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>Jerald Crews</u> Mailing Address: <u>126 Monica Way</u> <u>Lucedah Ms 39452</u> <small>City State Zip Code</small> Telephone No. () _____ | Latitude: <u>30-49-85N</u> Longitude: <u>088-33-73W</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>14</u> N <u>14</u> Sec. <u>35</u> Twp. <u>R6W</u> Distance: <u>3</u> Miles Direction: <u>NW</u> Nearest Town: <u>Agricola</u> |

| Pump Type Circle one | Power Type Circle one |
|--|---|
| Air Lift: <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u> Bucket: <input type="checkbox"/> Piston <input type="checkbox"/> Turbine Centrifugal: <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____ Date Pump Installed: <u>9-5-06</u> Rated Pump Capacity: <u>19</u> Gallons Per Minute | Diesel Engine: <input type="checkbox"/> Gasoline Engine: <input type="checkbox"/> Natural Gas: <input type="checkbox"/> <input checked="" type="checkbox"/> <u>Electric Motor</u> : <input type="checkbox"/> Hand: <input type="checkbox"/> Tractor PTO: <input type="checkbox"/> Windmill: <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: <u>1 1/2</u> Setting Depth: <u>140</u> feet Number of Stages: <u>12</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|--|
| Date Well Tested: _____ Static Water Level (A): <u>100</u> Feet Below Land Surface Pumping Water Level (B): <u>120</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>20</u> Feet Below Land Surface Test Pumping Rate: <u>30</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours | <input checked="" type="checkbox"/> <u>Air Line</u> <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape Other (specify): _____ For flowing well, measured static in test: _____ feet Well yielded <u>30</u> GPM with a drawdown of <u>20</u> feet after <u>1 1/2</u> hours of pumping |

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

Michael R Fryfogel 0408
Print Name of Pump Installer and License No. (if applicable)

Michael R Fryfogel 0408
Signature of Pump Installer

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