

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)

County: Dezoy
Permit #: _____
Driller: Mik & Wade
Date drilling completed: 1-10-07

For Office Use Only:
Aquifer: _____
Well #: G-148
L. S. Elevation: _____
E-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>Keith Mason</u>	Latitude: <u>30° 50' 44" N</u> Longitude: <u>88° 36' 58" W</u>
Mailing Address: <u>124 Pictal Howell Rd</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u>
<u>Lucedala Ms 39452</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NW 1/4 SW 1/4 Sec 29 T25 R6W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>4 Miles SW of Lucedale</u>

Well Data

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

Date well drilling started: 1-10-07 Date well drilling completed: 1-10-07

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

Static Water Level: 35 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: 80 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: 10 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 Fryfoyle 0408
Print Name of Water Well Contractor and License No.

Michael R Fryfoyle
Signature of Water Well Contractor

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G-148

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	2
gravel	2	4
Clay	6	12
sand	12	25
Clay	25	33
sand	33	46
Clay	46	47
rock	47	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: Keith Mason

Michael R. Fryfogel 04/08
 Signature of Water Well Contractor

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 BY: OLWR

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)961-5210
 (800)834-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: G-148

Elevation: _____

County: DeKalb

Permit #: _____

Driller: M. K. & W. L.

Date completed: 1-12-07

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

Owner Name: Keith Mason

Mailing Address: 124 Pirtal Howell

Lucedale Ms 39452
 City State Zip Code

Telephone No. () _____

Well Location

Latitude: 30.506664 Longitude: 088.368586

Method of Lat/Long (circle one): Conventional Survey

USGS quad, Hand-held GPS, Survey-grade GPS

14 14 Sec 29 Twa T25 Rg R6W

Distance Direction Nearest Town

4 Miles SW of Lucedale

Pump Type Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 1-12-07

Rated Pump Capacity: 38 19 Gallons Per Minute

Power Type Circle one

Diesel Engine Gasoline Engine Natural Gas
Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____

Motor Power Rating of Motor: 1

Setting Depth: 98 feet

Number of Stages: 9

Pump Test Data

Date Well Tested: _____

Static Water Level (A): 35 Feet Below Land Surface

Pumping Water Level (B): 50 Feet Below Land Surface

Drawdown [(B) - (A)]: 15 Feet Below Land Surface

Test Pumping Rate: 30 Gallons Per Minute

Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level Circle one

Air Line Electric Measuring Line Steel Tape

Other (specify): _____

For flowing well, measured shut in head: _____ feet

Well yielded 30 GPM with a drawdown of
1.5 feet after 1 1/2 hours of pumping

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

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

Michael R Fry
 Signature of Pump Installer

FEB 21 2007
 BY: OLWH