

~~Part 3 never received~~

County: George  
 Permit #: \_\_\_\_\_  
 Driller: Mike + Wade  
 Date drilling completed: 8-20-07

### Well Driller Report and Well Log

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 #: H-97  
 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>Heath Wallace</u>	Latitude: <u>30° 51' 45"</u> Longitude: <u>88° 31' 17"</u>
Mailing Address: <u>134 Wallacewood Ln</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Lucedale</u> <u>Ms</u> <u>39452</u>	<u>SW</u> 1/4 <u>NE</u> 1/4 Sec <u>19</u> Twn <u>T25</u> Rng <u>R5W</u>
City State Zip Code	Distance Direction Nearest Town <u>5</u> Miles <u>SE</u> of <u>Lucedale</u>
Telephone No. ( ) _____	

**Well Data**

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

Date well drilling started: 8-16-07 Date well drilling completed: 8-20-07

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

Static Water Level: 38 feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Hole depth: 120 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 110 feet Casing diameter: 2 inches Type of casing: PVC

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

Screen slot size: 8 inches Setting depth: From 110 feet to 120 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): \_\_\_\_\_

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 SEP 25 2007  
 BY: OLWR

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

Michael R Fry Fogle  
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

H-97

Ground Level

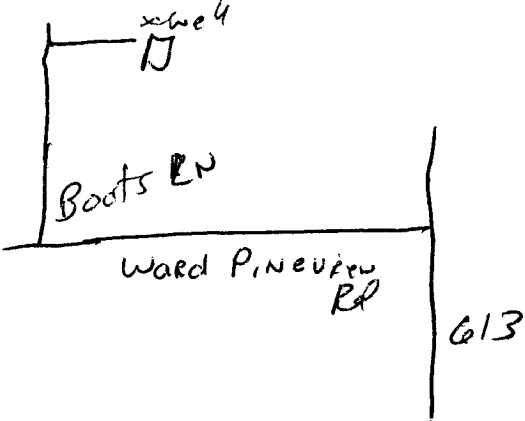
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
Clay	0	15
sand	15	25
Clay	25	45
gray Clay	45	60
Blue Clay	60	90
Clay & sand	90	105
sand	105	120

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.



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Landowner Name: Heath Wallace

Michael R. Fryffyl  
Signature of Water Well Contractor

STATE WELL REPORT

Part 2

Pump Installer's Completion Report

County: George  
 Permit #: \_\_\_\_\_  
 Driller: Mike J Wood  
 Date completed: 12-3-07

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 #: ~~H-101~~ H-97  
 Elevation: \_\_\_\_\_ JAM

This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.

Well Owner Information	Well Location
Owner Name: <u>Heath Wallace</u>	Latitude: <u>30-51-45</u> Longitude: <u>88-31-17</u>
Mailing Address: <u>134 Wallacewood Ln</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Decatur Ms 39452</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW</u> ¼ <u>NE</u> ¼ Sec <u>19</u> Twn <u>T25</u> R <u>5W</u>
Telephone No. ( ) _____	Distance Direction Ne _____
	<u>5</u> Miles <u>SE</u>

*Pat P delete H-101 since they were the same well.*

Pump Type	Circle one
Air Lift	<input checked="" type="radio"/> Jet <input type="radio"/> Submersible
Bucket	<input type="radio"/> Piston <input type="radio"/> Turbine
Centrifugal	<input type="radio"/> Rotary <input type="radio"/> Flowing Well
Other (specify): _____	
Date Pump Installed: <u>12-3-07</u>	
Rated Pump Capacity: <u>8-12</u> Gallons Per Minute	

<input checked="" type="radio"/> Diesel Engine	<input type="radio"/> Gasoline	<input type="radio"/> Natural Gas
<input checked="" type="radio"/> Electric Motor	<input type="radio"/> Hand	<input type="radio"/> Tractor PTO
<input type="radio"/> Windmill	Other (specify): _____	
Horse Power Rating of Motor: <u>1</u>		
Setting Depth: <u>60</u> feet		
Number of Stages: <u>2</u>		

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>12-3-07</u>	Circle one
Static Water Level (A): <u>38</u> Feet Below Land Surface	<input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Pumping Water Level (B): <u>45</u> Feet Below Land Surface	Other (specify): _____
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>8</u> Gallons Per Minute	Well yielded <u>8</u> GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	<u>10</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 Fry P 0408 Print Name of Pump Installer and License No. (if applicable)

Michael R Fry Signature of Pump Installer

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 DEC 12 2007  
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