

George  
 #: \_\_\_\_\_  
 Driller: Miky + Wade  
 Date drilling completed: 8-20-07

*Copy*  
**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-101  
 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: _____ Longitude: _____
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 Ms 39432</u> City State Zip Code	1/4 1/4 Sec <u>19</u> Twn <u>T25</u> Rng <u>R5W</u>
Telephone No: ( ) _____	Distance Direction Nearest Town <u>5</u> Miles <u>SE</u> of <u>Lucedale</u>

**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 40

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): \_\_\_\_\_

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.

**RECEIVED**

DEC 12 2007

**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 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Aquifer:
Well #: H-101
Elevation:

County: George
Permit #:
Driller: Mike J. Wood
Date completed: 12.3.07

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: Heath Wallace, 134 Wallacewood Ln, Lucedale, MS 39452. Well Location: Latitude/Longitude, Method of Lat/Long (Conventional Survey), USGS quad, Hand-held GPS, Survey-grade GPS. Distance: 5 Miles SE of Lucedale.

Pump Type: Jet. Power Type: Electric Motor. Date Pump Installed: 12.3.07. Rated Pump Capacity: 8-12 Gallons Per Minute. Setting Depth: 60 feet. Number of Stages: 2.

Pump Test Data: Date Well Tested: 12.3.07. Static Water Level (A): 38 Feet Below Land Surface. Pumping Water Level (B): 45 Feet Below Land Surface. Drawdown [(B) - (A)]: 10 Feet Below Land Surface. Test Pumping Rate: 8 Gallons Per Minute. Duration of Pump Test: 4 hours. Method of Measuring Water Level: Air Line. Well yielded 8 GPM with a drawdown of 10 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. Frye, License No. 0408
Print Name of Pump Installer and License No. (if applicable)

Michael R. Frye
Signature of Pump Installer

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