

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)

For Office Use Only:

Aquifer: _____
 Well #: L-113 039
 L. S. Elevation: _____
 E-log #: _____

County: George
 Permit #: _____
 Driller: Mike
 Date drilling completed: 7-12-04

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

Owner Name: Edd Howard
 Mailing Address: 216 Burton Agricola Rd
Sucidal MS 39452
 City State Zip Code
 Telephone No. (601) 947-2863

Well Location 45'
 Latitude: 30° 46' 25" N Longitude: 88° 37' 96" W
 Method of Lat/Long (circle one): Conventional Survey,
 USGS quad, Hand-held GPS Survey-grade GPS
SW 1/4 NE 1/4 Sec 128 Twn T 35 Rng R 6 W
 Distance 6 1/2 Miles Direction SW of Nearest Town Agricola

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Farm
 Date well drilling started: 7-12-04 Date well drilling completed: 7-12-04
 If flowing, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 30 feet above or below (circle one) land surface Date measured: 7-12-04
 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: 2 inches Type of casing: PVC 40
 Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC wrapped
 Screen slot size: 5/8 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: _____

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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 Fryfogle 0408
 Print Name of Water Well Contractor and License No.

Michael R Fryfogle 0408
 Signature of Water Well Contractor

L-113

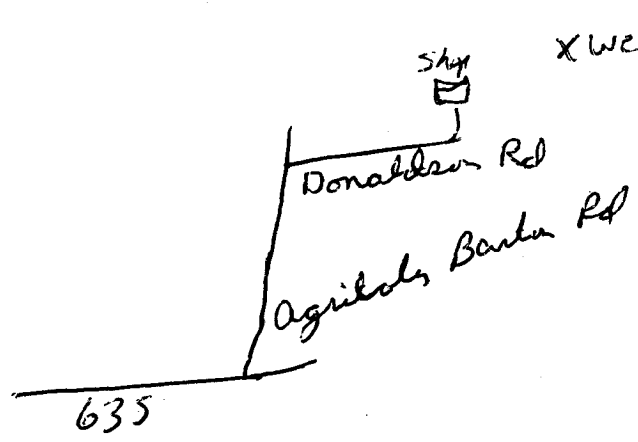
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
top sand	0	3
sand	3	8
clay	8	12
sand	12	25
clay	25	32
sand	32	54
clay	54	58
sand	58	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.



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Landowner Name: Edd Howard

Michael R. Inhoff 0408
Signature of Water Well Contractor

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)

County: DeWitt
 Permit #: _____
 Driller: Mik
 Date completed: 8-6-04

For Office Use Only:

Aquifer: _____
 Well #: L-113
 Elevation: _____

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>Edd Howard</u>	Latitude: ⁴⁵ 30- ²⁵ 46-123N Longitude: ³⁶ 088- ¹⁸ 37-964W
Mailing Address: <u>216 Benten Agricultural Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Lumberton MS 39452</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	1/4 1/4 Sec <u>28</u> Twn <u>T35</u> Rng <u>R6W</u>
Telephone No. <u>(601) 947-2863</u>	Distance Direction Nearest Town <u>6 1/2</u> Miles <u>SW</u> of <u>Agriculture</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> <u>Jet</u> <input type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>8-6-04</u>	Setting Depth: <u>60</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>8-6-04</u>	<u>Air Line</u> <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>30</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>40</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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