

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-120
L. S. Elevation: _____
E-log #: _____

County: George
Permit #: _____
Driller: Wade & Mike
Date drilling completed: 1-18-05

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 | | Location | |
|---|---|------------------------------|-----------------------------|
| Owner Name: <u>Mary Smith</u> | Latitude: <u>30.44.298N</u> | Longitude: <u>088.36.85W</u> | |
| Mailing Address: <u>150 Section Line Rd</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> | | |
| <u>Sucetal</u> <u>Ms</u> <u>39452</u> | USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS | | |
| City State Zip Code | <u>SW 1/4 SW 1/4 Sec 32 Twn T35 Rng R6W</u> | | |
| Telephone No. () _____ | Distance <u>12</u> Miles | Direction <u>S</u> of | Nearest Town <u>Sucetal</u> |

Well Data

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

Date well drilling started: 1-18-05 Date well drilling completed: 1-18-05

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

Static Water Level: 20 feet above or below (circle one) land surface Date measured: 1-18-05

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

Hole depth: _____ Well depth: 50 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 45 feet Casing diameter: 2 inches Type of casing: PVC 40

Screen length: 5 feet Screen diameter: 2 inches Type of screen: PVC wrapped

Screen slot size: 10 inches Setting depth: From 45 feet to 50 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 Fryfogel 0408 Michael R Fryfogel 0408
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

Ground Level

L-120

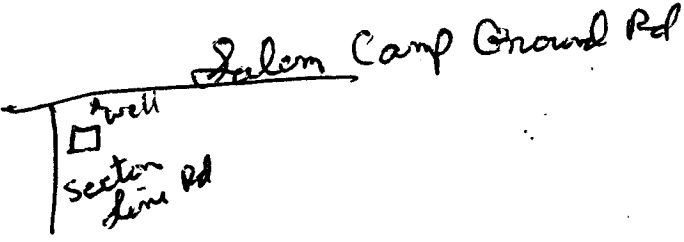
Description of Formations Encountered

From To

| Description of Formations Encountered | From | To |
|---------------------------------------|------|----|
| Top sand | 0 | 10 |
| fgnd | 10 | 22 |
| Clay | 22 | 23 |
| Coarse sand | 23 | 50 |
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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: Mary Smith

Signature of Water Well Contractor: Michael R. Jeffrey

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

For Office Use Only:

Aquifer: _____

Well #: L-120

Elevation: _____

County: DeWitt

Permit #: _____

Driller: Wade + Mike

Date completed: 1-18-05

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>Mary Smith</u> | Latitude: <u>30 44 57 N</u> Longitude: <u>88 36 52 W</u> |
| Mailing Address: <u>15th Section Line Rd</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>Lucedale MS 39452</u> | USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS |
| City State Zip Code | <u>1/4 1/4 Sec 32 Twn 13S Rng R6W</u> |
| Telephone No. () _____ | Distance Direction Nearest Town |
| | <u>12 Miles S of Lucedale</u> |

| Pump Type Circle one | Power Type Circle one |
|---|--|
| Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible | Diesel Engine Gasoline Engine Natural Gas |
| Bucket <input type="radio"/> Piston <input type="radio"/> Turbine | <input checked="" type="radio"/> Electric Motor <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>1-18-05</u> | Setting Depth: <u>40</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>1-18-05</u> | <input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape |
| Static Water Level (A): <u>20</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>30</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>9</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.

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

Michael R Fry Fogel 0408
Signature of Pump Installer

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