

State Well Report

Part I

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-1417
 L. S. Elevation: _____
 E-log #: _____

County: George
 Permit #: _____
 Driller: Mike
 Date drilling completed: 6-8-06

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>Henry Phillips</u>	Latitude: <u>30.489280</u>	Longitude: <u>88.156486</u>	
Mailing Address: <u>145 Wagon Lee Rd</u>	<u>56</u>	<u>35 39</u>	
<u>Lumbard Ms 39452</u>	Method of Lat/Long (circle one): Conventional Survey,		
City State Zip Code	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS		
Telephone No. () _____	<u>SW 1/4 NW 1/4</u> Sec <u>4</u>	Twp <u>T35</u>	Rng <u>R6W</u>
	Distance <u>6</u> Miles	Direction <u>S</u>	Nearest Town <u>Lumbard</u>

Well Data

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

Date well drilling started: 6-8-06 Date well drilling completed: _____

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

Static Water Level: 23 feet above or below (circle one) land surface Date measured: _____

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

Bole depth: 37 Well depth: 37 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 3.2 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: 8 inches Setting depth: From 3.2 feet to 3.7 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

Tip 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 rules.

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

Michael R Fry
 Signature of Water Well Contractor

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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 39288-0631
 (601)961-5210
 (601)354-6938 (fax)

County: Dezoz
 Permit #: _____
 Driller: Mike
 Date completed: 6-16-06

For Office Use Only:

Aquifer: _____
 Well #: L-147
 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

Owner Name: Henry Pillpr
 Mailing Address: 145 Wayne Leard Rd
Decatur, MS 39452
 City State Zip Code
 Telephone No. () _____

Well Location

Latitude: 30 48 - 9284 Longitude: 088 - 18 - 648 N
 Method of Lat/Long (circle one): 36 Conventional Survey, 35 39
 USGS quad, Hand-held GPS, Survey-grade GPS
 1/4 Sec 4 Twp T35 Rng RLW
 Distance Direction Nearest Town
6 Miles 5 of Decatur

Pump Type
Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: _____
 Rated Pump Capacity: 8-12 Gallons Per Minute

Power Type
Circle one

Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____
 Horse Power Rating of Motor: 1
 Setting Depth: 31 feet
 Number of Stages: 2

Pump Test Data

Date Well Tested: 6-16-06
 Static Water Level (A): 33 Feet Below Land Surface
 Pumping Water Level (B): 33 Feet Below Land Surface
 Drawdown [(B) - (A)]: 10 Feet Below Land Surface
 Test Pumping Rate: 8 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 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. Krufogel 0408 Michael R. Krufogel 0408
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 BY: OLWE