

George

Permit #: _____
Driller: *Mike & Wade*
Date drilling completed: *George 9-4-06*

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)

Aquifer: _____
Well #: *4-152*
L. S. Elevation: _____
B-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
Owner Name: *Ricky Hathorn*
Mailing Address: *150 Ida Miller Rd*
Lucedah Ms 39852
City State Zip Code
Telephone No. () _____

Well Location
Latitude: *30.48* Longitude: *88.33*
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
NE 1/4 SE 1/4 Sec *2* Twn *13S* Rng *15W*
Distance Direction Nearest Town
2 Miles *W* of *Agricola*

Look for well Sect 3

Well Data

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

Date well drilling started: *9-5-06* Date well drilling completed: *9-5-06*

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

Static Water Level: *35* feet above or below (circle one) land surface Date measured: _____

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

Pile depth: *75* Well depth: *75* Well grouted to a depth of *10* feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: *65* feet Casing diameter: *4* inches Type of casing: *PUC 40*

Screen length: *10* feet Screen diameter: *4* inches Type of screen: *PUC wrapped*

Screen slot size: *10* inches Setting depth: From *65* feet to *75* 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

Log 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. Frye *0408*
Print Name of Water Well Contractor and License No.

Michael R. Frye
Signature of Water Well Contractor

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DEC 29 2006

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 10651
 Jackson, MS 39289-0651
 (601)961-5210
 (601)554-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: LS-152

Elevation: _____

County: George
 Permit #: _____
 Driller: Michael Wade
 Date completed: 9-6-06

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: Reck Hathorn
 Mailing Address: 157 Ida Miller Rd
Incebal, Ms 39452
 City State Zip Code
 Telephone No. () _____

Well Location

Latitude: 30-48-860N Longitude: 88-33-902W
 Method of Lat/Long (circle one): Conventional Survey,
 USGS quad, Hand-held GPS, Survey-grade GPS
 14 Sec. 2 Twp T35 R R-
 Distance Direction Nearest Town
2 Miles W of Agricola

Pump Type
Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 9-6-06
 Rated Pump Capacity: 19 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: 2
 Setting Depth: 105 feet
 Number of Stages: 9

Pump Test Data

Date Well Tested: _____
 Static Water Level (A): 35 Feet Below Land Surface
 Pumping Water Level (B): 50 Feet Below Land Surface
 Drawdown [(B) - (A)]: 15 Feet Below Land Surface
 Test Pumping Rate: 30 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 shot in head: _____ feet
 Well yielded 30 GPM with a drawdown of
15 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 Fry 0408 Michael R Fry
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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