

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 #: M-143
 L. S. Elevation: _____
 E-log #: _____

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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>Adam Drake</u>	Latitude: <u>30° 49' 46" N</u>	Longitude: <u>88° 26' 18" W</u>	<u>25 31</u>
Mailing Address: <u>PO Box 2232</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>		
<u>Spencer AL 36525</u>	USGS quad, Hand-held GPS, Survey-grade GPS		
City State Zip Code	<u>1R 4NW 4 Sec 18 19 Twn 135 Rng R4W</u>		
Telephone No. () _____	Distance <u>5</u> Miles	Direction <u>S 2</u> of	Nearest Town <u>Agriarchy</u>
	<u>well off Spencer Road</u>		

Well Data

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

Date well drilling started: 12-1-04 Date well drilling completed: 12-1-04

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

Static Water Level: 55 feet above or below (circle one) land surface Date measured: 12-1-04

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 80

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC wrapped

Screen slot size: 1/8 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: _____

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 50408
 Signature of Water Well Contractor

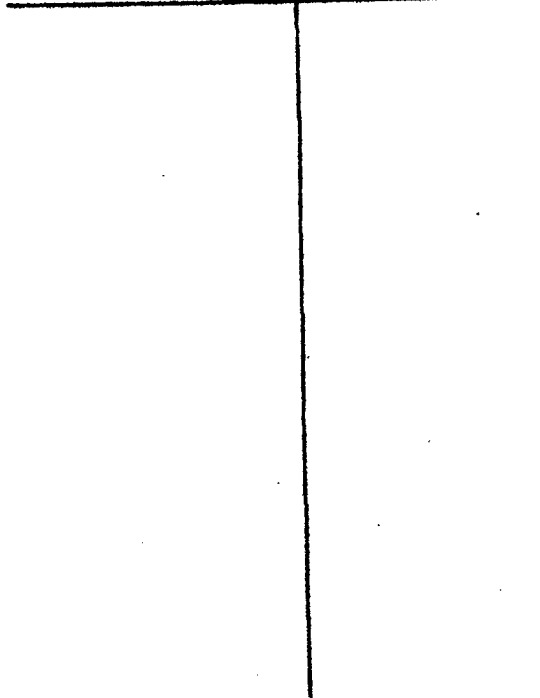
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If well telescopes please sketch below and show depths.

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Ground Level

M-143



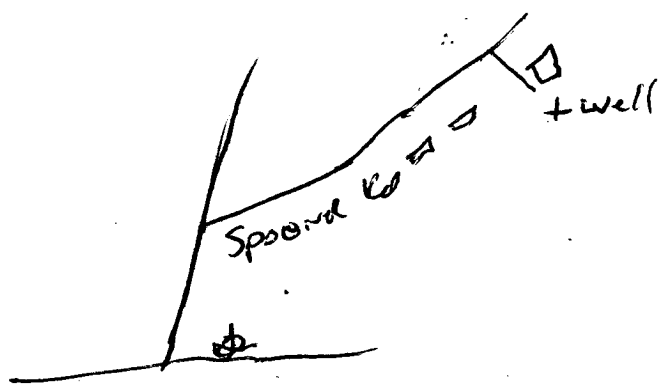
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
Top	0	3
Clay	3	6
sand	6	30
Clay	30	34
sand	34	40
Clay	40	50
fine sand	50	70
finer sand	70	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.



Landowner Name: Adam Drake

Michael R. Byrd 0408
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 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: M-143

Elevation: _____

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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>Adam Drake</u>	Latitude: <u>30 49 246N</u> Longitude: <u>088 26 185W</u>
Mailing Address: <u>PO Box 2232</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Senner Al 36575</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	1/4 1/4 Sec <u>18</u> Twn <u>T35</u> Rng <u>R4W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>5</u> Miles <u>SE</u> of <u>Agricola</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> <u>Jet</u> <input type="radio"/> Submersible	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> 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 <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>12-3-04</u>	Setting Depth: <u>70</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>12-3-04</u>	<u>Air Line</u> <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>55</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>65</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 _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>8</u> Gallons Per Minute	
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 Fogle 0408
 Print Name of Pump Installer and License No. (if applicable)

Michael R Fry Fogle 0408
 Signature of Pump Installer

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JAN 05 2005

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