

George

Permit #: _____
Driller: *Mk & CWD*
Date drilling completed: *10-17-06*

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 #: *M-162*
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: *John Seaman*
Mailing Address: *2198 Ward Pineview Rd*
Lucedale MS 39452
City State Zip Code
Telephone No. () _____

Well Location
Latitude: *30° 45.665' N* Longitude: *088° 29.47' W*
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS ✓
Sec 28 1/4 NW 1/4 Sec 28 Twn *T35* Rng *R5W*
Distance Direction Nearest Town
3 1/2 Miles *S* of *Agricola*

Well Data
Purpose of Well (circle one): Domestic Industrial Public Supply Irrigation Fish Culture Other *farm*
Date well drilling started: *10-17-06* Date well drilling completed: *10-17-06*
Is flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: *20* feet above or below (circle one) land surface Date measured: _____
Method of Measurement (circle one): steel tape electric tape air line other: _____
Pile depth: *70* Well depth: *70* Well grouted to a depth of *10* feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: *60* 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 *60* feet to *70* 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*
Print Name of Water Well Contractor and License No. 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 10651
 Jackson, MS 39289-0651
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
 Well #: M-162
 Elevation: _____

County: DeSoto
 Permit #: _____
 Driller: Mike Fryfogel
 Date completed: 10-31-06

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: John Seaman
 Mailing Address: 2198 Ward Riverine Rd
Lucedale, Ms 39452
 City State Zip Code
 Telephone No. () _____

Well Location

Latitude: 30 45 665N Longitude: 088-29-426W
 Method of Lat/Long (circle one): Conventional Survey.
 USGS quad, Hand-held GPS, Survey-grade GPS
 _____ 1/4 _____ 1/4 Sec. 28 Twp. T35 Rng R5W
 Distance Direction Nearest Town
3 1/2 miles S of Agriculta

Pump Type
 Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 10-31-06
 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: 1
 Setting Depth: 70 feet
 Number of Stages: 9

Pump Test Data

Date Well Tested: _____
 Static Water Level (A): 20 Feet Below Land Surface
 Pumping Water Level (B): 60 Feet Below Land Surface
 Drawdown [(B) - (A)]: 40 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 shut in head: _____ feet
 Well yielded 30 GPM with a drawdown of
30 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 Fryfogel 0408
 Print Name of Pump Installer and License No. (if applicable)

Michael R Fryfogel
 Signature of Pump Installer

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