

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 #: 5-30
 L. S. Elevation: _____
 B-log #: _____

County: Greene
 Permit #: _____
 Driller: Mrs J Wood
 Date drilling completed: 9-2-06

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>Dewayne Smith</u>	Latitude: <u>31.14.37N</u> Longitude: <u>088.46.89W</u>
Mailing Address: <u>430 Dewayne Smith Rd</u>	Method of Lat/Long (circle one): <u>22</u> Conventional Survey, <u>5A</u>
<u>Leakewill MS 39452</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SW 14 NE 14</u> Sec. <u>3</u> Twn <u>T3N</u> Rng <u>R8W</u>
Telephone No. () _____	Distance <u>7</u> Miles Direction <u>10</u> of <u>South Hill</u>

Well Data

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

Date well drilling started: 8-2-06 Date well drilling completed: 9-2-06

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

Static Water Level: 45 feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 200 Well depth: 200 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 180 feet Casing diameter: 9 1/4" inches Type of casing: PVC 40

Screen length: 20 feet Screen diameter: 8 1/4" inches Type of screen: PVC wrapped

Screen slot size: 8 inches Setting depth: From 180 feet to 200 feet

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

Other (describe): _____

Top of log 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 Frye C408
 Print Name of Water Well Contractor and License No.

Michael R Frye
 Signature of 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 10631
 Jackson, MS 39288-0631
 (601)961-5210
 (601)854-8938 (fax)

For Office Use Only:

Aquifer: _____
 Well #: J-30
 Elevation: _____

County: Deer
 Permit #: _____
 Driller: Mike Swad
 Date completed: 9-7-06

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	Well Location
Owner Name: <u>Deborah Smith</u>	Latitude: <u>31 14 37 N</u> Longitude: <u>088 46 89 W</u>
Mailing Address: <u>435 Debra Smith Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Leakeville, MS 39452</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	_____ 14 _____ 14 Sec. <u>3</u> Twn <u>T3N</u> Rng <u>R8W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>7</u> Miles <u>5</u> of <u>Sand Hill</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3</u>
Date Pump Installed: <u>9-7-06</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>85</u> Gallons Per Minute	Number of Stages: <u>7</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>45</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>85</u> Feet Below Land Surface	For flowing well, measured shot in head: _____ feet
Drawdown ((B) - (A)): <u>40</u> Feet Below Land Surface	Well yielded <u>100</u> GPM with a drawdown of
Test Pumping Rate: <u>100</u> Gallons Per Minute	<u>40</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. Frybohl 0408 Michael R. Frybohl
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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