

Greer

Permit #: _____
Driller: *Mick & Wade*
Date drilling completed: *10-11-06*

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-18*
L. S. Elevation: _____
E-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	Well Location
Owner Name: <i>Nena Myzell</i>	Latitude: <i>31° 12' 45" N</i> Longitude: <i>088° 26' 58" W</i>
Mailing Address: <i>PO Box 553</i>	Method of Lat/Long (circle one): <input checked="" type="radio"/> Conventional Survey <input type="radio"/> GPS
<i>Leaksville MS 39451</i>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<i>SE 1/4 NW 1/4 Sec 24 Twp 13N Rng R5W</i>
Telephone No. () _____	Distance Direction Nearest Town
	<i>7 Miles NE of Leaksville</i>

Well Data

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

Date well drilling started: *10-11-06* Date well drilling completed: *10-11-06*

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

Static Water Level: *40* feet above or below (circle one) land surface Date measured: _____

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

Casing depth: *60* Well depth: *60* Well grouted to a depth of _____ feet

Type of grout (circle one) Cement Bentonite Mix

Casing length: *55* 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 *55* feet to *60* feet

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

Other (describe): _____

Top of tap 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.

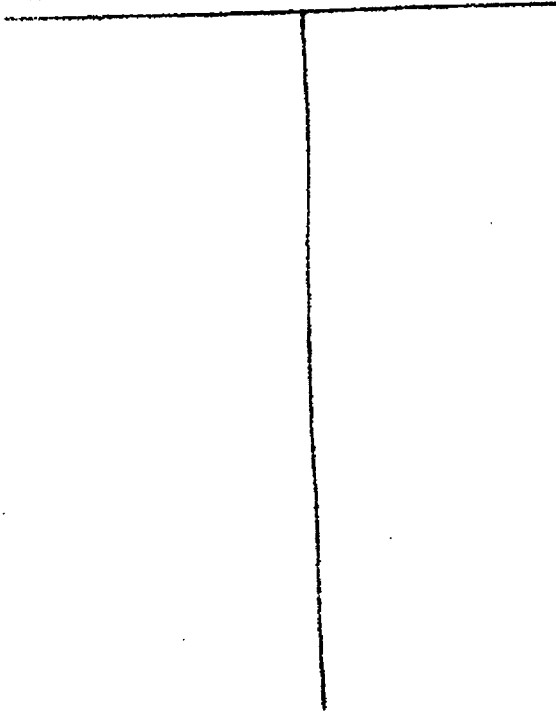
Michael R. Fey-Pagla 0408 *Michael R. Fey-Pagla*
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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M-18

If well telescopes please sketch below and show depths.

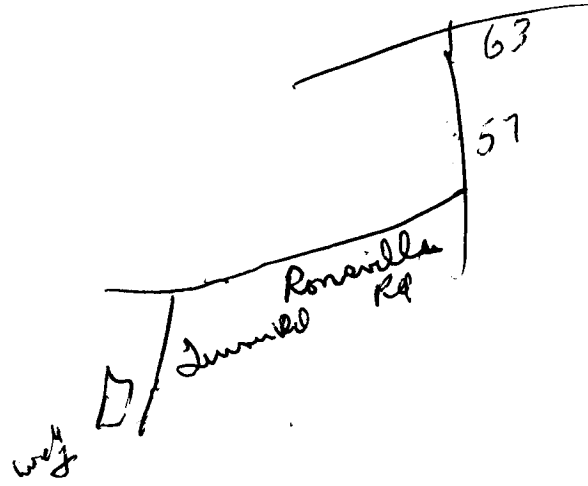
Ground Level



Description of Formations Encountered	From	To
2300	0	20
Clay	20	42
sand	42	60

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: Rena Mizel

Michael R. Fryhoff 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 10691
Jackson, MS 39288-0691
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: M-18

Elevation: _____

County: Issaquena
 Permit #: _____
 Driller: Michael R. Fryfogel
 Date completed: 10-12-06

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: Nana Mizell
 Mailing Address: P.O. 553
Seabrook, MS 39451
 City State Zip Code
 Telephone No. () _____

Well Location

Latitude: 31-12-24N Longitude: 88-26-55W
 Method of Lat/Long (circle one): Conventional Survey
 USGS quad, Hand-held GPS, Survey-grade GPS
 1/4 Sec. 24 Twp. T3N Rng. R5W
 Distance Direction Nearest Town
2 Miles NE of Seabrook

Pump Type
Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 10-12-06
 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: 55 feet
 Number of Stages: 2

Pump Test Data

Date Well Tested: _____
 Static Water Level (A): 40 Feet Below Land Surface
 Pumping Water Level (B): 50 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. Fryfogel 0408
 Print Name of Pump Installer and License No. (if applicable)

Michael R. Fryfogel
 Signature of Pump Installer

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