

Deery

Permit #: _____
Driller: Mike L. Wacker
Date drilling completed: 10-5-06

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 #: Φ 21
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

Owner Name: Joseph Santay
Mailing Address: 311 Hunters Trace Dr
Leaksville Ms 39451
City State Zip Code
Telephone No. () _____

Well Location

Latitude: 31° 07' 34" N Longitude: 088° 41' 50" W
Method of Lat/Long (circle one): Conventional Survey
USGS quad, Hand-held GPS, Survey-grade GPS ✓
SE ¼ NW ¼ Sec 21 Twn T2N Rng R7W
Distance Direction Nearest Town
8 Miles SE of Leaksville

Well Data

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

Date well drilling started: 10-4-06 Date well drilling completed: 10-5-06

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

Static Water Level: 60' feet above or below (circle one) land surface Date measured: _____

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

Pole depth: 100 Well depth: 100 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 90 feet Casing diameter: 4 inches Type of casing: PVC 40

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

Screen slot size: 10 inches Setting depth: From 90 feet to 100 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 Fryfogle 0408
Print Name of Water Well Contractor and License No.

Michael R Fryfogle
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 #: Φ 27

Elevation: _____

County: Greene
Permit #: _____
Driller: Mike J. Fogle
Date completed: 10-10-06

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: Josh Lantain
Mailing Address: 311 Hunter Church
Leakeville MS 39451
City State Zip Code
Telephone No. () _____

Well Location

Latitude: 31-07 344N Longitude: 088-41-830W
Method of Lat/Long (circle one): Conventional Survey
USGS quad, Hand-held GPS, Survey-grade GPS
1/4 Sec: 21 Twp: T2N Rng: R7W
Distance Direction Nearest Town
Miles of _____

Pump Type
Circle one

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

Pump Test Data

Date Well Tested: _____
Static Water Level (A): 60 Feet Below Land Surface
Pumping Water Level (B): 80 Feet Below Land Surface
Drawdown [(B) - (A)]: 20 Feet Below Land Surface
Test Pumping Rate: 25 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 25 GPM with a drawdown of
20 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 Fryfogle 0408
Print Name of Pump Installer and License No. (if applicable)

Michael R Fryfogle
Signature of Pump Installer
DEC 29 2006

BY: OLWR