

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)

County: Green
 Permit #: _____
 Driller: Mike & Ward
 Date drilling completed: 1-4-07

For Office Use Only:

Aquifer: _____
 Well #: P-76
 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	Well Location
Owner Name: <u>Sherry Emery</u>	Latitude: <u>30° 05' 23.3" N</u> Longitude: <u>088° 35' 76.7" W</u>
Mailing Address: <u>3060 N. Louisiana Ave</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey
<u>Leakeville, MS 39451</u>	USGS quad, Hand-held GPS, Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	<u>SE 1/4 SW 1/4 Sec 33 T 2N R 6W</u>
Telephone No. 1 _____	Distance Direction Nearest Town <u>4 1/2 Miles SW of Leakeville</u>

Well Data

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

Date well drilling started: 12-20-06 Date well drilling completed: 12-20-06

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

Static Water Level: 10 feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 20 Well depth: 20 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 15 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 15 feet to 20 feet

Type of completion (circle all applicable): Gravel packed Underreamed 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 Fryfogel 0408 Michael R Fryfogel
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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FEB 22 2007
BY: OLWF

Ground Level

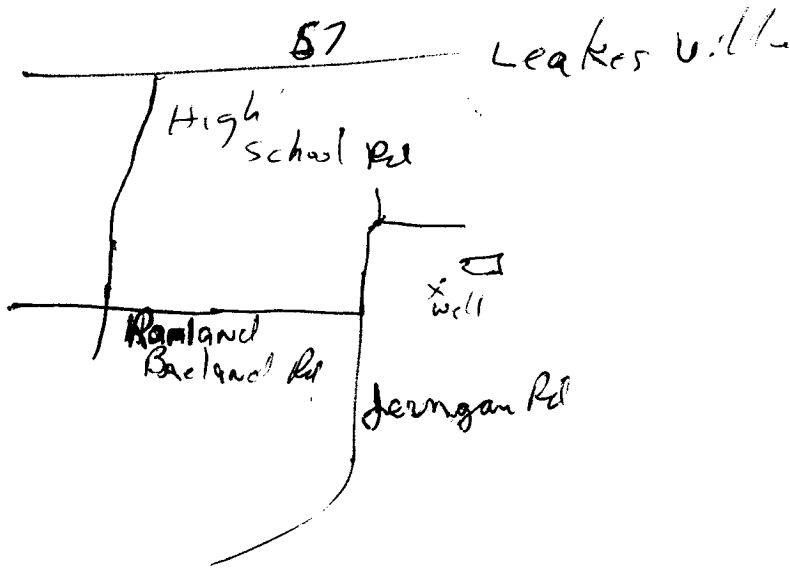
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DESCRIPTION OF UNDERGROUND STRATIGRAPHY

Clay	0	2
sand	2	6
Clay	6	10
sand	10	20

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.



Owner Name: Sherry Erron

Michael R. Fryfoz 0408
Signature of Water Well Contractor

RECEIVED
FEB 22 2007
BY: OLWF

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10681
 Jackson, MS 39288-0681
 (601) 961-3210
 (800) 354-6938 (toll)

For Office Use Only:

Aquifer: _____

Well #: P-76

Elevation: _____

County: Greene

Permit #: _____

Driller: Mike J. Walsh

Date completed: 1-4-07

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: Sherry Essary

Mailing Address: 306 N.E. Innis Ave

Leaksville, MS 39452
 City State Zip Code

Telephone No. () _____

Well Location

Latitude: 30 05 23.3N Longitude: 088 35-26.7W

Method of Lat/Long (circle one): Conventional Survey

USGS quad, Hand-held GPS, Survey-grade GPS

T₁₄ S₄ Sec 33 T₁₄N R₆W

Diameter: 4 1/2 inches Direction: SW of Leaksville
 Nearest Town: _____

Pump Type Circle one

Air Lift: Jet Submersible
 Bucket: Piston Turbine
 Centrifugal: Rotary Flowing Well

Other (specify): _____

Date Pump Installed: _____

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): _____

Rated Power Rating of Motor: _____

Setting Depth: 15 feet

Number of Stages: 2

Pump Test Data

Date Well Tested: _____

Static Water Level (A): 6 Feet Below Land Surface

Pumping Water Level (B): 16 Feet Below Land Surface

Drawdown [(B) - (A)]: 10 Feet Below Land Surface

Test Pumping Rate: 9 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 static in head: _____ feet

Well yielded 9 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. Fry, P.O. # 0408
 Print Name of Pump Installer and License No. (if applicable)

Michael R. Fry, P.O. # 0408
 Signature of Pump Installer

457
1345