

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 #: R-35
L. S. Elevation: _____
E-log #: _____

County: Greene
Permit #: _____
Driller: Mike
Date drilling completed: 7-14-05

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>Lloyd Edwards</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>PO Box 172</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>MC Line MS 39456</u>	<u>1/4</u> <u>1/4</u> Sec <u>21</u> Twn <u>T1N</u> Rng <u>R8W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ()	<u>4 1/2</u> Miles <u>S</u> of <u>McLain</u>

Well Data

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

Date well drilling started: 7-14-05 Date well drilling completed: 7-14-05

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: _____

Hole depth: 57 Well depth: 57 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 52 feet Casing diameter: 2 inches Type of casing: PUC 40

Screen length: 5 feet Screen diameter: 2 inches Type of screen: PUC wrapped

Screen slot size: 1/10 inches Setting depth: From 52 feet to 57 feet

Type of completion (circle all applicable): Gravel packed Undreamed 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
Print Name of Water Well Contractor and License No.

Michael R Fryfogel 0408
Signature of Water Well Contractor

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R-35

If well telescopes please sketch below and show depths.

Ground Level

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Description of Formations Encountered	From	To
top sand	0	1
Clay	12	32
sand	37	46
Clay	46	57

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.

Bernard

Milewood rd

trunk to well

Landowner Name: Lloyd Edwards

Michael R. Trefzger 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 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: R-35

Elevation: _____

County: Greene
Permit #: _____
Driller: Mike
Date completed: 7-18-05

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>Lloyd Edwards</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>PO Box 172</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>McLaine MS 39456</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>1/4 Sec 11 Twn 11N Rng R8W</u>
Telephone No. (_____) _____	Distance Direction Nearest Town
	<u>4 1/2 Miles S of McLain</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<u>Electric Motor</u> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>7-18-05</u>	Setting Depth: <u>50</u> feet
Rated Pump Capacity: <u>8</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-18-05</u>	<u>Air Line</u> <input checked="" type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>40</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>50</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	Well yielded <u>8</u> GPM with a drawdown of
Test Pumping Rate: <u>8</u> Gallons Per Minute	<u>10</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 Fryfogle 0408
Print Name of Pump Installer and License No. (if applicable)

Michael R Fryfogle 0408
Signature of Pump Installer

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JUL 28 2005

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