

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: Greene
 Permit #: _____
 Driller: Mike Howard
 Date drilling completed: 1-4-07

For Office Use Only:

Appifer: _____
 Well #: 5-15
 L. S. Elevation: _____
 H-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>Jerry Taylor</u>	Latitude: <u>31.03135N</u> Longitude: <u>88.44458W</u>
Mailing Address: <u>P.O. Box 20514</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Lucedale Ms 39452</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>14</u> <u>18</u> Twp <u>T1N</u> Rng <u>R7W</u>
Telephone No.: _____	Distance Direction Nearest Town <u>10</u> Miles <u>NW</u> of <u>Lucedale</u>

Well Data

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

Date well drilling started: 1-3-07 Date well drilling completed: 1-3-07

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: _____

Hole depth: 150 Well depth: 150 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 140 feet Casing diameter: 2 inches Type of casing: PVC 40

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC wrapped

Screen slot size: 8 inches Setting depth: From 140 feet to 150 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 this well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality under the Mississippi Department of Health regulations and state laws.

Michael R Fryfool 0408 Michael R Fryfool
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

RECEIVED
 FEB 22 2007
 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 10651
 Jackson, MS 39288-0651
 (601)351-3210
 (800)354-6938 (toll)

For Office Use Only:

Applicator: _____

Well #: 05-15

Elevation: _____

County: Deer

Permit #: _____

Driller: Mik & Wade

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: Jerry Taylor

Mailing Address: PO Box 514

Lucedal Ms 39452

City State Zip Code

Telephone No. () _____

Well Location

Latitude: 31 03 135N Longitude: 088 44 45W

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

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

1/4 Sec 18 Twp T1N Rng R8W

Distance: 10 miles NW of Lucedal

Pump Type Circle one

Air Lift Jet Submersible

Bucket Piston Turbine

Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 1-4-07

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: 1

Setting Depth: 80 feet

Number of Stages: 2

Pump Test Data

Date Well Tested: _____

Static Water Level (A): 60 Feet Below Land Surface

Pumping Water Level (B): 70 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 0408
Signature of Pump Installer

RECEIVED
 JAN 21 2007
 BY: SILVER