

State Well Report Part I

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10691
Jackson, MS 39289-0691
(601)961-9210
(601)354-6938 (fax)

County: Greene
 Permit #: _____
 Driller: Mik, L Wood
 Date drilling completed: 1-4-07

For Office Use Only:

Applicator: _____
 Well #: 5-16
 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>Jerry Taylor</u>	Latitude: <u>31.03.135N</u> Longitude: <u>088.44.458W</u>
Mailing Address: <u>Palbo 514</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Lumbard Ms 39452</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>14</u> <u>14</u> Sec. <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>Lumbard</u>

Well Data

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

Date well drilling started: 12-22-06 Date well drilling completed: 12-22-06

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

Static Water Level: 16' feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 280 Well depth: 28' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 23 feet Casing diameter: 2 inches Type of casing: PVC40

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

Screen slot size: 8 inches Setting depth: From 23 feet to 28 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

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

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BY: OLWR

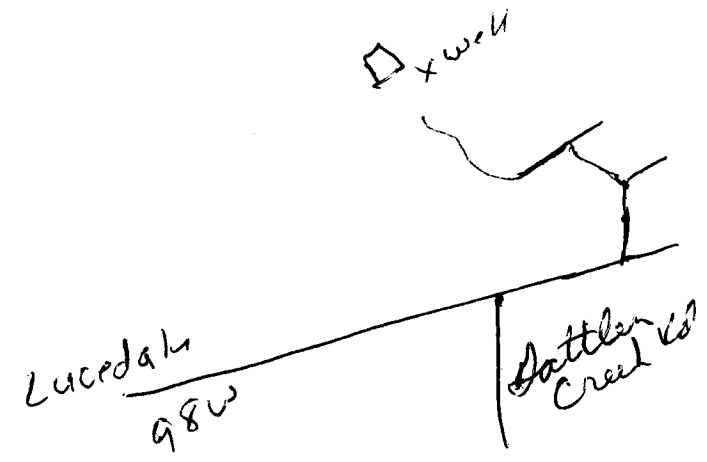
Ground Level

DESCRIPTION OF FORMATION ENCOUNTERED

Clay	0	8
gravel	8	12
Clay	12	18
sand	18	28

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.



Signature Name: Jerry Taylor

Michael R. Trapp 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)

County: Greene
 Permit #: _____
 Driller: Michael Ward
 Date completed: 1-4-07

For Office Use Only:

Aquifer: _____
 Well #: 5-16
 Elevation: _____

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>Jerry Taylor</u>	Latitude: <u>31-03 135N</u> Longitude: <u>088-44-458W</u>
Mailing Address: <u>PO Box 514</u>	Method of Lat/Long (circle one): <u>08</u> Conventional Survey, <u>27</u>
<u>Lucedale MS 39452</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	____ 1/4 ____ 1/4 Sec <u>18</u> Twn <u>T1N</u> Rng <u>R7W</u>
Telephone No. (____) _____	Distance Direction Nearest Town <u>10</u> Miles <u>NW</u> of <u>Lucedale</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>4 Pitcher pump</u>
Date Pump Installed: _____	Setting Depth: _____ feet
Rated Pump Capacity: <u>360</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	<u>Air Line</u> <input checked="" type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Michael R Fryfogel 0408 Michael R Fryfogel 0408
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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