

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 Fryfoyle
 Date drilling completed: 2-20-07

For Office Use Only:

Applicator: _____
 Well #: S-18
 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>Jed Rainsgawill</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>27 Eda Trac</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey
<u>Brookhaven</u> <u>MS</u> <u>39601</u>	<input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip Code	<u>14</u> <u>14</u> Sec <u>10</u> Twp <u>T1N</u> Rng <u>R7W</u>
Telephone No.: _____	Distance _____ Direction _____ Nearest Town _____ <u>7</u> Miles <u>SW</u> of <u>Clarksburg</u>

Well Data

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

Date well drilling started: 2-16-07 Date well drilling completed: 2-16-07

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

Static Water Level: 25 feet above or below (circle one) land surface Date measured: _____

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

Stile depth: 45 Well depth: 45 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 40 feet Casing diameter: 2 inches Type of casing: PVC 1/2"

Screen length: 40 feet Screen diameter: 2 inches Type of screen: PVC wrapped

Screen slot size: 8 inches Setting depth: From 40 feet to 45 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: _____

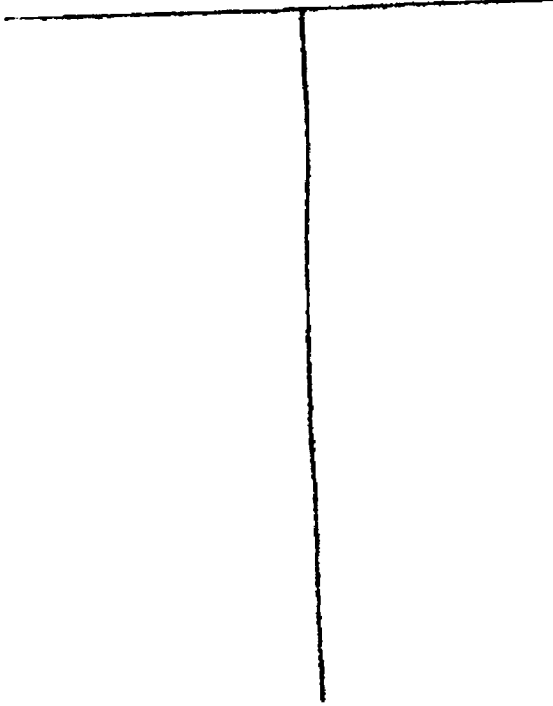
Name of organization running log(s): _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality under the Mississippi Department of Health regulations and state laws.

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

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Ground Level



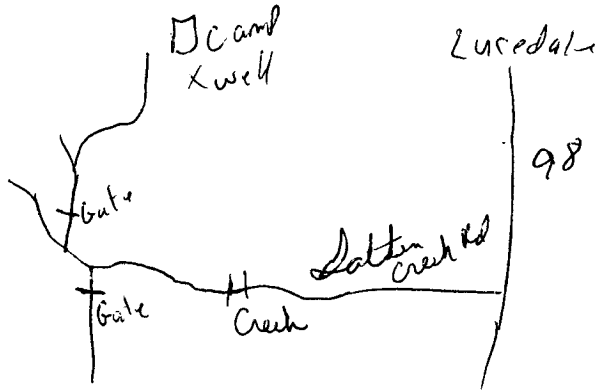
DESCRIPTION OF FORMERLY OBSERVED STRATA

518

Clay	0	2
sand	2	6
Clay	6	32
sand	32	45

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: Jed Rounerille

Michael R. Fryhoff 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: M. J. Wood
Date completed: 2-20-07

For Office Use Only:

Aquifer: _____
Well #: S-18
Elevation: _____

This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.

Well Owner Information	Well Location
Owner Name: <u>Jed Rounaville</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>27 Eola Trace</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Brookhaven</u> <u>MS</u> <u>39601</u>	1/4 _____ 1/4 Sec <u>10</u> Twn <u>T1N</u> Rng <u>R7W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>7</u> Miles <u>SW</u> of <u>Leaksville</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Jet <input type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<input checked="" type="radio"/> Electric Motor <input 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>2-20-07</u>	Setting Depth: <u>40</u> feet
Rated Pump Capacity: <u>9-12</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	<input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>25</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>40</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>15</u> Feet Below Land Surface	Well yielded <u>9</u> GPM with a drawdown of
Test Pumping Rate: <u>9</u> Gallons Per Minute	<u>1.5</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 Fry License No. 0408 Michael R Fry RECEIVED
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer MAR 22 2007

BY: OLWR