

State Well Report

Part 1

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 #: T-49
 L. S. Elevation: _____
 E-log #: _____

County: Greene
 Permit #: _____
 Driller: Mike & Wade
 Date drilling completed: 1-22-05

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>Bernice McJannet</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>221 McJannet Ln</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Lucedale</u> <u>MS</u> <u>39452</u>	<u>1/4</u> <u>1/4</u> Sec <u>20</u> Twn <u>T1N</u> Rng <u>R6W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>9</u> Miles <u>SW</u> of <u>Lincolnton</u>

Well Data

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

Date well drilling started: 1-22-05 Date well drilling completed: 1-22-05

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

Static Water Level: 20 feet above or below (circle one) land surface Date measured: 1-22-05

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

Hole depth: 60 Well depth: 60 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 55 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: 1/10 inches Setting depth: From 55 feet to 60 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 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 Fryfogle 0408
 Print Name of Water Well Contractor and License No.

Michael R Fryfogle
 Signature of Water Well Contractor

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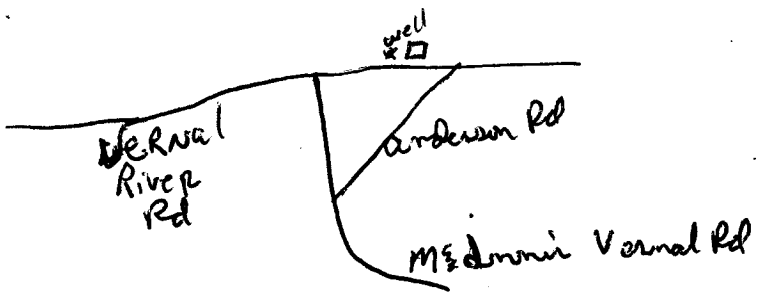
If well telescopes please sketch below and show depths.

Ground Level T-49

Description of Formations Encountered	From	To
sand	0	10
clay	10	30
sand	30	40
clay	40	45
sand	45	60

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.



Landowner Name: Bernice M^{rs} Juntz

Michael R Jozef 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 #: T-49

Elevation: _____

County: Greene

Permit #: _____

Driller: Niles & Wood

Date completed: 1-22-05

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

Owner Name: Bernice M. Jantosh

Mailing Address: 221 M. Jantosh Ln

Lucedale Ms 39452
City State Zip Code

Telephone No. () _____

Well Location

Latitude: _____ Longitude: _____

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

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

_____ 1/4 _____ 1/4 Sec 20 Twn T1N Rng R6W

Distance Direction Nearest Town

9 Miles SW of Leakesville

Pump Type Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 1-22-05

Rated Pump Capacity: 6 Gallons Per Minute

Power Type Circle one

Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
Windmill Other (specify): _____

Horse Power Rating of Motor: 1/2

Setting Depth: 40 feet

Number of Stages: 1

Pump Test Data

Date Well Tested: 1-22-05

Static Water Level (A): 20 Feet Below Land Surface

Pumping Water Level (B): 25 Feet Below Land Surface

Drawdown [(B) - (A)]: 5 Feet Below Land Surface

Test Pumping Rate: 6 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 6 GPM with a drawdown of

5 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 Fryfoyle 0408
Print Name of Pump Installer and License No. (if applicable)

Michael R Fryfoyle 0408
Signature of Pump Installer

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FEB 14 2005

BY: OLWR