

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 #: T-55
L. S. Elevation: _____
E-log #: _____

County: Greene
Permit #: _____
Driller: Mike
Date drilling completed: 4-14-06

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>Elizabeth Holland</u>	Latitude: <u>31.01 315N</u> Longitude: <u>088.3228W</u>
Mailing Address: <u>7308 Hwy 63N</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input checked="" type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Lucedale</u> <u>MS</u> <u>39452</u>	USGS quad, <u>SE 1/4 NE 1/4</u> Sec. <u>25</u> Twn. <u>T1N</u> Rng. <u>R6W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>8</u> Miles <u>SE</u> of <u>Leaksville</u>

Well Data

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

Date well drilling started: 4-14-06 Date well drilling completed: 4-14-06

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: 90 Well depth: 90 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 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 80 feet to 90 feet

Type of completion (circle all applicable): Gravel packed Undecreamed Telescoped Open hole Natural Development

Other (describe): _____

Top of tap 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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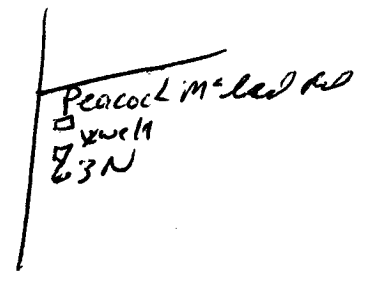
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
sand	0	5
Clay	5	8
sand	8	14
Clay	14	18
sand	18	50
Clay	50	52
sand	52	63
Clay	63	64
sand	64	90

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.



Property Owner Name: Elizabeth Holland

Signature of Water Well Contractor: Michael R. Trapp 0408

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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 39288-0631
 (601)961-3210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: T-155

Elevation: _____

County: Greene
 Permit #: _____
 Driller: Mike
 Date completed: 4-15-06

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: Elizabeth Holland
 Mailing Address: 7308 Hwy 63N
Lucedale Ms 39452
 City State Zip Code
 Telephone No. () _____

Well Location

Latitude: 31-01-315N Longitude: 088-32-228W
 Method of Lat/Long (circle one): Conventional Survey.
 USGS quad, Hand-held GPS, Survey-grade GPS
 14 14 Sec. 25 Twp. T1N Rng. R6W
 Distance Direction Nearest Town
8 Miles SE of Leakeville

Pump Type
Circle one

Air Lift	<input checked="" type="radio"/> Jet	<input type="radio"/> Submersible
Bucket	<input type="radio"/> Piston	<input type="radio"/> Turbine
Centrifugal	<input type="radio"/> Rotary	<input type="radio"/> Flowing Well

Other (specify): _____
 Date Pump Installed: 4-15-06
 Rated Pump Capacity: 8-12 Gallons Per Minute

Power Type
Circle one

<input type="radio"/> Diesel Engine	<input type="radio"/> Gasoline Engine	<input type="radio"/> Natural Gas
<input checked="" type="radio"/> Electric Motor	<input type="radio"/> Hand	<input type="radio"/> Tractor PTO
<input type="radio"/> Windmill	Other (specify): _____	

Horse Power Rating of Motor: 1
 Setting Depth: 75 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

<input type="radio"/> Air Line	<input type="radio"/> Electric Measuring Line	<input type="radio"/> Steel Tape
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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.

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

Signature of Pump Installer

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