

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-56
L. S. Elevation: _____
E-log #: _____

County: Greene
Permit #: _____
Driller: Mills
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>Mike Knight</u> | Latitude: <u>31.03 0911N</u> Longitude: <u>088.36 036W</u> |
| Mailing Address: <u>6006 Vernal River Rd</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>Lucedal</u> <u>MS</u> <u>39452</u> | USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| City State Zip Code | <u>SW 1/4 NW 1/4</u> Sec. <u>16</u> Twp <u>T1N</u> Rng <u>R6W</u> |
| Telephone No. () _____ | Distance Direction Nearest Town <u>6</u> Miles <u>5</u> of <u>Leakeville</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: flowed feet above or below (circle one) land surface Date measured: _____

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

Arise depth: 62 Well depth: 62 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 52 feet Casing diameter: 2 inches Type of casing: PVC 40

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

Screen slot size: 10 inches Setting depth: From 52 feet to 62 feet

Type of completion (circle all applicable): Gravel packed Undecreamed 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. Pay Fogle 0408 Michael R. Pay Fogle
Signature of Water Well Driller
DATE: 2 2006

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 10681
 Jackson, MS 39288-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

County: Greene
 Permit #: _____
 Driller: Mike
 Date completed: 4-17-06

Aquifer: _____
 Well #: T-56
 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

Owner Name: Mike Knight
 Mailing Address: 6006 Verdonal River Rd
Luceville MS 39452
 City State Zip Code
 Telephone No. () _____

Well Location

Latitude: 31-03-097N Longitude: 088-36-036W
 Method of Lat/Long (circle one): Conventional Survey
 USGS quad, Hand-held GPS, Survey-grade GPS
 1/4 Sec 16 Twp T1N Rng R6W
 Distance Direction Nearest Town
6 Miles S of Leaksville

Pump Type
Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 4-17-06
 Rated Pump Capacity: 6.10 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: 30 feet
 Number of Stages: 1

Pump Test Data

Date Well Tested: 4-17-06
 Static Water Level (A): fluvial Feet Below Land Surface
 Pumping Water Level (B): 10 Feet Below Land Surface
 Drawdown [(B) - (A)]: 10 Feet Below Land Surface
 Test Pumping Rate: 7 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 static head: _____ feet
 Well yielded 7 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 Fry Page 0408 Michael R Fry Page 0408
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
 MAY 12 2006
 BY: OLWR