

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: Mik & Wade
 Date drilling completed: 10-19-06

For Office Use (Ink):
 Aquifer: _____
 Well #: T-58
 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>Hubert Hebert Wally</u>	Latitude: <u>31.04.32N</u> Longitude: <u>088.35.46W</u>
Mailing Address: <u>1451 Mannings Hill Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
City: <u>Richard Ms</u> State: <u>39</u> Zip Code: <u>39476</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
Telephone No.: _____	SW <u>14</u> SE <u>10</u> W Sec. <u>10</u> Twp. <u>T19N</u> R. <u>R6W</u>
	Distance: <u>6</u> Miles Direction: <u>S</u> of <u>Mercury Town</u>

Well Data

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

Date well drilling started: 10-19-06 Date well drilling completed: 10-19-06

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

Static Water Level: 5' feet (above or below (circle one) land surface) Date measured: _____

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

Well depth: 130 Well depth: 130 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 120 feet Casing diameter: 2 inches Type of casing: PVC wrapped 40

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

Screen slot size: 8 inches Setting depth: From 120 feet to 130 feet

Type of completion (circle all applicable): Gravel packed Underdrained 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 this 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 Fry Fogle 0408 Michael R Fry Fogle
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

RECEIVED
 DEC 29 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 10651
Jackson, MS 39289-0651
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: T-58

Elevation: _____

County: Greene
Permit #: _____
Driller: Michael R Fry
Date completed: 10-21-06

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: Herbert Wally
Mailing Address: 1451 Manny Hill Rd
Richard MS 39476
City State Zip Code
Telephone No. () _____

Well Location

Latitude: 31-04-323N Longitude: 088-35-467W
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS, Survey-grade GPS
Twp 14 Sec 10 Range T1N R6W
Distance Direction Nearest Town
6 Miles S of Seabrook

Pump Type
Circle one

Air Lift: Jet Submersible
Bucket: Piston Turbine
Centrifugal: Rotary Flowing Well
Other (specify): _____
Date Pump Installed: 10-26-06
Rated Pump Capacity: 6-8 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: _____
Static Water Level (A): 5' above Foot Below Land Surface
Pumping Water Level (B): 15 Foot Below Land Surface
Drawdown [(B) - (A)]: 15 Foot 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
15 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 0408
Print Name of Pump Installer and License No. (if applicable)

Michael R Fry 0408
Signature of Pump Installer

DEC 29 2006

BY: OLWR