

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 & Wade
 Date drilling completed: 10-3-06

For Office Use Only:

Aquifer: _____
 Well #: U-66
 L. S. Elevation: _____
 E-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>Ray Rayford</u>	Latitude: <u>31.04.14</u> Longitude: <u>088.27.275</u> <u>W</u>
Mailing Address: <u>3765 Double Branch Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Jemmi</u> <u>AL</u> <u>36575</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NW 1/4</u> <u>NW 1/4</u> Sec <u>11</u> Twn <u>T1N</u> Rng <u>R5W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>6</u> Miles <u>S2</u> of <u>Leaksville</u>

Well Data

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

Date well drilling started: 10-3-06 Date well drilling completed: 10-3-06

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: _____

File depth: 120 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 110 feet Casing diameter: 2 inches Type of casing: PUC 40

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

Screen slot size: 8 inches Setting depth: From 110 feet to 120 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

Log 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 Fryfoyle 0408 Michael R Fryfoyle
 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 39288-0651
 (601)961-5210
 (601)354-8938 (fax)

For Office Use Only:

Aquifer: _____

Well #: U-66

Elevation: _____

County: Greene
 Permit #: _____
 Driller: Mike & Wade
 Date completed: 10-6-06

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	Well Location
Owner Name: <u>Ray Rayford</u> Mailing Address: <u>3765 Double Branch</u> <div style="text-align: center; margin-top: 10px;"> <u>Jemmi Ol 36575</u> <small>City State Zip Code</small> </div> Telephone No. () _____	Latitude: <u>31-04 147N</u> Longitude: <u>088-27 795W</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> <u>USGS quad, Hand-held GPS, Survey-grade GPS</u> _____ 1/4 _____ 1/4 Sec <u>11</u> Twp <u>T1N</u> Rng <u>R5W</u> Distance: _____ Direction: _____ Nearest Town: <u>Leakeville</u> <u>6</u> Miles <u>SE</u> of _____

Pump Type Circle one	Power 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): _____	Diesel Engine: <input type="radio"/> <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 Windmill: <input type="radio"/> Other (specify): _____ Horse Power Rating of Motor: <u>1</u> Setting Depth: <u>80</u> feet Number of Stages: <u>2</u>
Date Pump Installed: <u>10-6-06</u> Rated Pump Capacity: <u>8-12</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): <u>60</u> Feet Below Land Surface Pumping Water Level (B): <u>75</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>15</u> Feet Below Land Surface Test Pumping Rate: <u>8</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	<input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>8</u> GPM with a drawdown of <u>15</u> feet after <u>1 1/2</u> hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Michael R Fry Pog 10408 Michael R Fry Pog
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

DEC 29 2006

BY: OLWR