

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: Jackson
 Permit #: _____
 Driller: Mike F. Webb
 Date drilling completed: 1-2-07

For Office Use Only:
 Aquifer: _____
 Well #: M-469
 L. S. Elevations: _____
 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>Kathy Massey</u>	Latitude: <u>30.33-082N</u> Longitude: <u>88.27.337W</u>
Mailing Address: <u>PO Box 54</u>	Method of Lat/Long (circle one): <u>OS</u> Conventional Survey, <u>20</u>
<u>Escatawpa Ms 39552</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>2</u> <u>6</u> <u>2</u> <u>T6S</u> <u>R2W</u>
Telephone No.: _____	Distance Direction Nearest Town <u>3 1/2 Miles</u> <u>SE</u> of <u>3 1/2 E Big Rock</u>

Well Data

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

Date well drilling started: 12-18-06 Date well drilling completed: 12-18-06

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

Static Water Level: 15 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 slit size: 8 inches Setting depth: From 80 feet to 90 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 under the Mississippi Department of Health regulations and state laws.

Michael R. Fryfogel 0408 Michael R. Fryfogel
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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 BY: OLWR

M-469

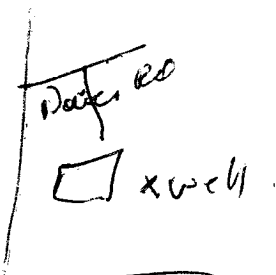
Ground Level

DESCRIPTION OF SUBSTRATA ENCOUNTERED

Clay	0	6
sand	6	32
Clay	32	40
sand	40	65
Clay	65	67
sand	67	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.



Hwy 16135

Landowner Name: Kathy Massey

Signature of Water Well Contractor: Michael R. Duffy 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 10651
 Jackson, MS 39208-0651
 (601) 961-9210
 (800) 854-6938 (toll-free)

For Office Use Only:

Aquifer: _____

Well #: M-469

Elevation: _____

County: Jackson
 Permit #: _____
 Driller: Mike & Wade
 Date completed: 1-2-07

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>Nathy Massey</u> Mailing Address: <u>PO Box 54</u> <u>Osceola, MS 39552</u> <small>City State Zip Code</small> Telephone No. () _____	Latitude: <u>30-33-08^N</u> Longitude: <u>088-27-33^W</u> Method of Lat/Long (circle one): <u>05</u> Conventional Survey, <u>20</u> <small>USGS quad, Hand-held GPS, Survey-grade GPS</small> <u>14</u> <small>14 Sec</small> <u>2</u> <small>Two T65</small> <u>RTW</u> Distance: <u>3 1/2 miles</u> <small>Direction</small> <u>ENE</u> of <u>Big Point</u> <small>Nearest Town</small>

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): _____ Date Pump Installed: <u>1-2-07</u> Rated Pump Capacity: _____ Gallons Per Minute	Diesel Engine: <input type="radio"/> Gasoline Engine: <input type="radio"/> Natural Gas: <input type="radio"/> Electric Motor: <input type="radio"/> Hand: <input type="radio"/> Tractor PTO: <input type="radio"/> Windmill: <input type="radio"/> Other (specify): _____ Horse Power Rating of Motor: <u>1</u> Setting Depth: <u>60</u> feet Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): <u>15</u> Feet Below Land Surface Pumping Water Level (B): <u>25</u> Feet Below Land Surface Drawdown (B) - (A): <u>10</u> Feet Below Land Surface Test Pumping Rate: <u>9</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>9</u> GPM with a drawdown of <u>1</u> feet after _____ hours of pumping

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

Michael R Frylock 0408
Print Name of Pump Installer and License No. (if applicable)

Michael R Frylock
Signature of Pump Installer

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 BY: DLW