

Perry County

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)

Aquifer: _____
Well #: H-49
L. S. Elevation: _____
B-log #: _____

Permit #: _____
Driller: Mike J. Wade
Date drilling completed: 9-16-06

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>Franky Parker</u>	Latitude: <u>31.13.51N</u> Longitude: <u>88.59.50W</u>
Mailing Address: <u>53 Ballpark Rd</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input checked="" type="radio"/> USGS quad, <input checked="" type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>McHenry Ms 39561</u>	<u>1/4</u> <u>1/4</u> Sec <u>15</u> Twn <u>T3N</u> Rng <u>R10W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>2</u> Miles <u>N 2</u> of <u>New Augusta</u>

Well Data

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

Date well drilling started: 9-16-06 Date well drilling completed: 9-16-06

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

Static Water Level: 3 feet above below (circle one) land surface Date measured: _____

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

Pile depth: 135 Well depth: 135 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 125 feet Casing diameter: 4 inches Type of casing: PUC 40

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PUC wrapped

Screen slot size: 8 inches Setting depth: From 125 feet to 135 feet

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

Other (describe): _____

Top of top 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 Fryfogli 0408
Print Name of Water Well Contractor and License No.

Michael R Fryfogli
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 39289-0631
 (601)961-5210
 (601)554-0938 (fax)

For Office Use Only:

Aquifer: _____

Well #: 14-49

Elevation: _____

County: _____
 Permit #: _____
 Driller: M. R. Fryfoz
 Date completed: 9-23-06

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>Franky Parker</u> Mailing Address: <u>53 Ballpach Rd</u> <u>M: Henry Ms 39561</u> City State Zip Code Telephone No. () _____	Latitude: <u>31-13-517N</u> Longitude: <u>088-59-501W</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS _____ 14 _____ 14 Sec. <u>15</u> Twp <u>T3N</u> Rng <u>R10W</u> Distance Direction Nearest Town <u>2 Miles NE of New Augusta</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>9-23-06</u> Rated Pump Capacity: <u>27</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>2</u> Setting Depth: <u>100</u> feet Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): <u>3 above</u> Feet Below Land Surface Pumping Water Level (B): <u>50</u> Feet Below Land Surface Drawdown ((B) - (A)): <u>50</u> Feet Below Land Surface Test Pumping Rate: <u>45</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	<u>Air Line</u> Electric Measuring Line Steel Tape Other (specify): _____ For flowing well, measured shot in head: _____ feet Well yielded <u>45</u> GPM with a drawdown of <u>50</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 Fryfoz 0408 Michael R Fryfoz
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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DEC 29 2006

BY: OLWR