

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.

County: Perry
Parcel #: _____
Driller: Nicks
Date drilling completed: 6-1-06

Aquifer: _____
Well #: 5-8
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>Perry County</u> | Latitude: <u>030-55-037N</u> Longitude: <u>088-54-888W</u> |
| Mailing Address: <u>P.O. Box 345</u> | Method of Lat/Long (circle one): <u>02</u> Conventional Survey. <u>53</u> |
| <u>New Augusta MS 39462</u> | USGS quad: <u>Hand-held GPS</u> Survey-grade GPS |
| City State Zip Code | <u>1/4</u> <u>1/4</u> Sec. <u>32</u> Twp. <u>T15</u> Rng. <u>R9W</u> |
| Telephone No. () | Distance Direction Nearest Town |
| | Miles of <u>Deep Creek</u> |

Well Data

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

Date well drilling started: 6-1-06 Date well drilling completed: 6-1-06

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

Static Water Level: 53 feet above or below (circle one) land surface Date measured: _____

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

Well depth: 73 Well depth: 73 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 63 feet Casing diameter: 4 inches Type of casing: PVC 40

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

Screen slot size: 10 inches Setting depth: From 63 feet to 73 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 and/or the Mississippi Department of Health regulations and state laws.

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

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OCT 02 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 10631
Jackson, MS 39288-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

County: Perry
Permit #: _____
Driller: Mike
Date completed: 6-7-06

Acquifer: _____
Well #: 5-8
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 | Well Location |
|------------------------------------|---|
| Owner Name: <u>Perry County</u> | Latitude: <u>030 55 037N</u> Longitude: <u>088 54 888W</u> |
| Mailing Address: <u>PO Box 345</u> | Method of Lat/Long (circle one): <u>02</u> Conventional Survey. <u>53</u> |
| <u>New Augusta MS 39462</u> | USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| City State Zip Code | <u>14</u> <u>14</u> Sec <u>32</u> Twn <u>T15</u> Rng <u>R9W</u> |
| Telephone No. () _____ | Distance Direction Nearest Town |
| | Miles _____ of <u>Deep Creek</u> |

| Pump Type Circle one | Power Type Circle one |
|---|---|
| Air Lift Jet <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine | <u>Electric Motor</u> Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>1/2</u> |
| Date Pump Installed: <u>6-7-06</u> | Setting Depth: <u>73</u> feet |
| Rated Pump Capacity: <u>10</u> Gallons Per Minute | Number of Stages: <u>8</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|---|
| Date Well Tested: _____ | <u>Air Line</u> Electric Measuring Line Steel Tape |
| Static Water Level (A): <u>53</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>63</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface | Well yielded <u>15</u> GPM with a drawdown of |
| Test Pumping Rate: <u>15</u> Gallons Per Minute | <u>10</u> feet after <u>1 1/2</u> hours of pumping |
| Duration of Pump Test (minimum 4 hours): <u>4</u> hours | |

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

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

Michael R Fryogle 0408
Signature of Pump Installer

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OCT 07 2006
BY: OLWA