

# State Well Report

## Part 1

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:

Aquifer: \_\_\_\_\_  
 Well #: B-59 039  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: George  
 Permit #: \_\_\_\_\_  
 Driller: Mike  
 Date drilling completed: 7-21-04

*Tryfogle Water Well Service*

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>Sidney Dotch</u>	Latitude: <u>30° 58' 40" N</u> Longitude: <u>088° 43' 09" W</u>
Mailing Address: <u>110 Sidney Drive</u> <u>Lucedale MS 39452</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey, CS
City: _____ State: _____ Zip Code: _____	USGS quad, <u>18</u> Sec <u>15</u> Twn <u>T15</u> Rng <u>R0W</u>
Telephone No. ( ) _____	Distance: <u>7 1/2</u> Miles Direction: <u>NW</u> of <u>Lucedale</u>

**Well Data**

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

Date well drilling started: 7-21-04 Date well drilling completed: 7-21-04

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

Static Water Level: 6 feet above or below (circle one) land surface Date measured: 7-21-04

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

Hole depth: 22' Well depth: 22' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 17 feet Casing diameter: 2" inches Type of casing: PVC 40

Screen length: 5 feet Screen diameter: 2" inches Type of screen: PVC wrapped

Screen slot size: 10 inches Setting depth: From 17 feet to 22 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): \_\_\_\_\_

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 BY: OLWR

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 Fry Scale 0408  
 Print Name of Water Well Contractor and License No.

Michael R Fry Scale 0408  
 Signature of Water Well Contractor



# 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 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: B-59

Elevation: \_\_\_\_\_

County: Dezha  
 Permit #: \_\_\_\_\_  
 Driller: Mike  
 Date completed: 8-3-04

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>Sidney Dotch</u>	Latitude: <u>30 58 607N</u> Longitude: <u>088-43-090W</u>
Mailing Address: <u>110 Sidney Dr.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Lucedal Ms 39452</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City                      State                      Zip Code	1/4                      1/4 Sec <u>40</u> Twn <u>T15</u> Rng <u>R7W</u>
Telephone No. ( ) _____	Distance                      Direction                      Nearest Town
	<u>7 1/2</u> Miles <u>NE</u> of <u>Lucedal</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Jet                      Submersible	Diesel Engine                      Gasoline Engine                      Natural Gas
Bucket                      Piston                      Turbine	<input checked="" type="radio"/> Electric Motor                      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>8-3-04</u>	Setting Depth: <u>20</u>
Rated Pump Capacity: <u>6</u> Gallons Per Minute	Number of Stages: <u>1</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-3-04</u>	<input checked="" type="radio"/> Air Line                      Electric Measuring Line                      Steel Tape
Static Water Level (A): <u>6</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>10</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>50</u> Feet Below Land Surface	Well yielded <u>6</u> GPM with a drawdown of
Test Pumping Rate: <u>6</u> Gallons Per Minute	<u>5</u> feet after <u>1</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

**BY: OLWR**

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

Print Name of Pump Installer and License No. (if applicable) \_\_\_\_\_ Signature of Pump Installer \_\_\_\_\_