

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-62
L. S. Elevation:
E-log #:

County: George
Permit #:
Driller: M.R.
Date drilling completed: 9-2-04

Fryfogle 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

Owner Name: George Bullack
Mailing Address: 6160 Merrill Rd
Lucedale MS 39452
City State Zip Code
Telephone No. ()

Well Location

Latitude: 30.45.033 Longitude: 88.53.877
Method of Lat/Long (circle one): Conventional Survey
USGS quad, Hand-held GPS, Survey-grade GPS
12 1/4 12 1/4 Sec 6 Twn T15 Rng R7W
Distance Direction Nearest Town
6 Miles NW of Lucedale

Well Data

Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other:
Date well drilling started: 9-2-04 Date well drilling completed: 9-2-04
If flowing, method of flow regulation: Valve Other (describe)
Static Water Level: 40 feet above or below (circle one) land surface Date measured: 9-2-04
Method of Measurement (circle one): steel tape electric tape air line other:
Hole depth: 67 Well depth: 67 Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 57 feet Casing diameter: 2 inches Type of casing: PVC 40
Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC wrapped
Screen slot size: 8 inches Setting depth: From 57 feet to 67 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
Print Name of Water Well Contractor and License No.

Michael R Fryfogle 0408
Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

Ground Level

B-62

Description of Formations Encountered

From To

Description of Formations Encountered	From	To
Top sand	0	3
Clk	3	6
sand	6	20
Clk	20	37
sand	37	40
Clk	40	43
sand mud	43	67

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.

Landowner Name:

George Bullack

Michael R. Jryphs 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-62

Elevation: _____

County: George
 Permit #: _____
 Driller: Mike
 Date completed: 9-3-04

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>George Bullback</u>	Latitude: <u>30°45'033</u> Longitude: <u>088°53'879</u>
Mailing Address: <u>6160 Merrill Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
_____	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Lucedale MS 39452</u>	_____ 1/4 _____ 1/4 Sec <u>6</u> Twn <u>T15</u> Rng <u>R2W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>6</u> Miles <u>NW</u> of <u>Lucedale</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Jet <input type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>9-2-04</u>	Setting Depth: <u>40</u> feet
Rated Pump Capacity: <u>8-12</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	<input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>10</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>20</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>10</u> GPM with a drawdown of
Test Pumping Rate: <u>10</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.

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

Signature of Pump Installer