

County: Deory  
 Permit #: \_\_\_\_\_  
 Driller: Mike & Wade  
 Date drilling completed: 9-4-07

**Well Driller Report and Well Log**

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-80  
 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>John Doff</u>	Latitude: <u>30° 56' 59.2" N</u> Longitude: <u>88° 42' 17.2" W</u>
Mailing Address: <u>241 Ollie Pope RD</u>	Method of Lat/Long (circle one): <u>35</u> Conventional Survey, <u>10</u>
<u>Lucedal MS 39452</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NE 1/4 SE 1/4 Sec 20 Twn T15 Rng R7W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>7</u> Miles <u>W</u> of <u>Lucedal</u>

**Well Data**

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

Date well drilling started: 9-4-07 Date well drilling completed: 9-4-07

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

Static Water Level: 95 feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Hole depth: 230 Well depth: 230 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 220 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 220 feet to 230 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 Fryfoyle 0408 Michael R Fryfoyle  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

If well telescopes please sketch below and show depths.



**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-80  
Elevation: \_\_\_\_\_

County: George  
Permit #: \_\_\_\_\_  
Driller: Mike Wald  
Date completed: 9-7-07

**This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.**

Well Owner Information	Well Location
Owner Name: <u>John Jeff</u>	Latitude: <u>30-56-59.2N</u> Longitude: <u>088-42-17.2W</u>
Mailing Address: <u>241 - Ellis Roper Rd</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>20</u> Twn <u>T15</u> Rng <u>R1W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>7</u> Miles <u>W</u> of <u>Lucedal</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</u>
Date Pump Installed: <u>9-7-07</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>19</u> Gallons Per Minute	Number of Stages: <u>10</u>

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**BY: OLWR**

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>95</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>120</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>15</u> Feet Below Land Surface	Well yielded <u>30</u> GPM with a drawdown of
Test Pumping Rate: <u>30</u> Gallons Per Minute	<u>15</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 Fryfoyle 0408  
Print Name of Pump Installer and License No. (if applicable)

Michael R Fryfoyle  
Signature of Pump Installer