

# 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 #: C-143 39  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: DeWitt  
 Permit #: \_\_\_\_\_  
 Driller: Mik  
 Date drilling completed: 12-17-04

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>Donald Cody</u>          |  |  | Latitude: <u>30° 56' 38.19"</u> Longitude: <u>088° 34' 81.49"</u>                    |  |  |
| Mailing Address: <u>251 Jan Kilm Rd</u> |  |  | Method of Lat/Long (circle one): <u>Conventional Survey</u>                          |  |  |
| <u>Hubert NC 28539</u>                  |  |  | USGS quad: <u>Hand-held GPS</u> Survey-grade GPS <input checked="" type="checkbox"/> |  |  |
| City _____ State _____ Zip Code _____   |  |  | NW 1/4 NW 1/4 Sec <u>22</u> Twn <u>T15</u> Rng <u>R6W</u>                            |  |  |
| Telephone No. ( ) _____                 |  |  | Distance <u>17</u> Miles Direction <u>N</u> Nearest Town <u>Luxemburg</u>            |  |  |

**Well Data**

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

Date well drilling started: 12-17-04 Date well drilling completed: 12-17-04

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

Static Water Level: 30 feet above or below (circle one) land surface Date measured: 12-17-04

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

Hole depth: 90 Well depth: 90 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 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: 1/8 inches Setting depth: From 80 feet to 90 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 Frye 0408  
 Print Name of Water Well Contractor and License No.

Michael R Frye 0408  
 Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

Ground Level

C-113

39

| Description of Formations Encountered | From | To |
|---------------------------------------|------|----|
| Top sand                              | 0    | 3  |
| Clay                                  | 3    | 5  |
| sand                                  | 5    | 32 |
| Clay                                  | 32   | 35 |
| sand med                              | 35   | 70 |
| Coarse sand                           | 70   | 90 |
|                                       |      |    |
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|                                       |      |    |

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: Donald Cody

Michael R. Fryzel 0408  
Signature of Water Well Contractor

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# 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 #: C-113 39

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

County: George

Permit #: \_\_\_\_\_

Driller: Mike

Date completed: 12-17-04

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>Donald Cody</u>          | Latitude: <u>30 56.318<sup>N</sup></u> Longitude: <u>088 34-814<sup>W</sup></u> |
| Mailing Address: <u>251 Jan Kilm Rd</u> | Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,     |
| <u>Hubert NC 28539</u>                  | USGS quad, Hand-held GPS, Survey-grade GPS                                      |
| City State Zip Code                     | <u>1/4</u> <u>1/4</u> Sec <u>22</u> Twn <u>15</u> Rng <u>R 6W</u>               |
| Telephone No. ( ) _____                 | Distance Direction Nearest Town   |
|   | <u>1/4</u> Miles <u>N</u> of <u>Levellille</u>                                  |

| Pump Type<br>Circle one  | Power Type<br>Circle one  |
|--|---|
| Air Lift <input checked="" type="radio"/> <u>Jet</u> <input type="radio"/> Submersible | Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas                               |
| Bucket <input type="radio"/> Piston <input type="radio"/> Turbine                      | <input checked="" type="radio"/> <u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO |
| Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well            | Windmill <input type="radio"/> Other (specify): _____   |
| Other (specify): _____   | Horse Power Rating of Motor: <u>1</u>   |
| Date Pump Installed: <u>12-17-04</u>   | Setting Depth: <u>60</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<br>Circle one   |
|--|---|
| Date Well Tested: <u>12-17-04</u>                          | <input checked="" type="radio"/> <u>Air Line</u> <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape |
| Static Water Level (A): <u>30</u> Feet Below Land Surface  | Other (specify): _____  |
| Pumping Water Level (B): <u>40</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 _____ GPM with a drawdown of _____ feet after _____ hours of pumping   |
| Test Pumping Rate: <u>8</u> Gallons Per Minute             |   |
| 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 Fryfogel 0408 Michael R Fryfogel 0408  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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