

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

Aquifer: _____

Well #: C-125

L. S. Elevation: _____

E-log #: _____

County: George
 District: _____
 Name: Mike
 Date drilling completed: 11-12-05

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	
Name: <u>John Brown</u>	Latitude: <u>30° 56' 24" N</u>	Longitude: <u>088° 34' 21" W</u>	
Address: <u>Rockhill Church Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>		
City: <u>Decatur MS 39452</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS <input checked="" type="checkbox"/>		
State: <u>MS</u>	NW 1/4 NW 1/4 Sec. <u>27</u> Twn <u>T15</u> Rng <u>R6W</u>		
Zip Code: <u>39452</u>	Distance: <u>1/2</u> Miles Direction: <u>N</u> of Nearest Town: <u>Decatur</u>		

Well Data

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

Date well drilling started: 11-12-05 Date well drilling completed: _____

Flowing method of flow regulation: Valve _____ Other (describe): _____

Depth Water Level: 40 feet above or below (circle one) land surface Date measured: _____

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

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

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

Setting depth: From 80 feet to 90 feet

Well completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

(Other (describe): _____)

_____ feet If telescoped or more than one screens, (describe on back of page)

Log type (circle all applicable): Dip log Ion Electric Gamma Ray Density Sonic Neutron Other _____

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.

Signature of Water Well Contractor and License No. Michael R Fry Fogle 0408

Signature of Water Well Contractor Michael R Fry Fogle 0408

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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 #: <u>C-125</u>
Elevation: _____	

County: <u>George</u>	Permit #: _____
Driller: <u>Mike</u>	Date completed: <u>12-15-05</u>

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>John Brown</u>	Latitude: <u>30-56-240N</u> Longitude: <u>088-34-821W</u>
Mailing Address: <u>Northside Church Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Lucedale Ms. 39452</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>27</u> Twn <u>T15</u> Rng <u>R6W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>1/4</u> Miles <u>N</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 <input type="radio"/> Gasoline Engine <input type="radio"/> 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 <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>12-15-05</u>	Setting Depth: _____ 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: <u>12-15-05</u>	<input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>40</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>50</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>8</u> GPM with a drawdown of
Test Pumping Rate: <u>8</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.

<u>Michael R Fry Fogle 0408</u> Print Name of Pump Installer and License No. (if applicable)	<u>Michael R Fry Fogle 0408</u> Signature of Pump Installer
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