

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 #: D-74
 L. S. Elevation: _____
 E-log #: _____

County: Levy
 Permit #: _____
 Driller: Mika
 Date drilling completed: 8-30-04

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	Well Location
Owner Name: <u>Worley, Holland</u>	Latitude: <u>30° 56' 08" N</u> Longitude: <u>88° 28' 18" W</u>
Mailing Address: <u>4290 Beaver Dam Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Sucedale MS 39452</u>	USGS quad, Hand-held GPS, Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	<u>NW 1/4 NW 1/4 Sec 15 T15 R5W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>7 Miles NE of Sucedale</u>

Well Data

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

Date well drilling started: 8-30-04 Date well drilling completed: 8-30-04

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

Static Water Level: 90 feet above or below (circle one) land surface Date measured: 8-30-04

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

Hole depth: 190 Well depth: 190 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 180 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: 8 inches Setting depth: From 180 feet to 190 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

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)

County: George
 Permit #: _____
 Driller: Mike
 Date completed: 8-30-04

For Office Use Only:

Aquifer: _____
 Well #: D-74
 Elevation: _____

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>Wesley Holland</u>	Latitude: <u>30-56-08N</u> Longitude: <u>088-28-71W</u>
Mailing Address: <u>4280 Beaver Dam Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Lucedale MS 39452</u> City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. () _____	_____ 1/4 _____ 1/4 Sec <u>15</u> Twn <u>T15</u> Rng <u>R5W</u>
	Distance Direction Nearest Town
	<u>2</u> Miles <u>NE</u> of <u>Lucedale</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____	Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>1</u> Setting Depth: <u>140</u> feet Number of Stages: <u>15</u>
Date Pump Installed: <u>8-30-04</u>	
Rated Pump Capacity: <u>10</u> Gallons Per Minute	

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>90'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>100</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>17</u> GPM with a drawdown of
Test Pumping Rate: <u>17</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

STATE WELL REPORT

Part 2

Pump Installer's Company Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10001
 Jackson, MS 39208-0001
 (601) 961-3232
 (601) 974-8938 (fax)

Agency: _____
 Well #: 1-74
 Elevation: _____

County: _____
 Township: _____
 Section: _____
 Range: _____

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

<p>Well Location</p> <p>Latitude: _____ Longitude: _____ Method of locating (circle one): <u>Conventional Survey</u> U.S.G.S quad: <u>Blaine 4-10 G22 Survey-grade GPS</u> Direction: _____ Distance: _____ Remarks: _____</p>	<p>Well Owner Information</p> <p>Owner Name: _____ Mailing Address: _____ City: _____ State: _____ Zip Code: _____ Telephone No.: _____</p>
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<p>Power Type</p> <p>Circle one: <input type="checkbox"/> Diesel Engine <input checked="" type="checkbox"/> Gasoline Engine <input type="checkbox"/> Windmill <input type="checkbox"/> Hand <input type="checkbox"/> Other (specify): _____ Horse Power Rating of motor: _____ Starting Method: _____ Number of Stages: _____</p>	<p>Pump Type</p> <p>Circle one: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Flowing Well <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>8-3-07</u> Rated Pump Capacity: _____ Gallons Per Minute</p>
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<p>Method of Determining Water Level</p> <p>Circle one: <input checked="" type="checkbox"/> Stilling Well <input type="checkbox"/> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping.</p>	<p>Pump Test Data</p> <p>Date Well Tested: _____ Static Water Level (ft) Below Land Surface: _____ Pumping Water Level (ft) Below Land Surface: _____ Drawdown (ft) Below Land Surface: _____ Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (min. test 4 hours): _____ hours</p>
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I HEREBY CERTIFY that the above statement is true to the best of my knowledge.

Signature of Pump Installer: _____
 License No. (if applicable): _____