

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 78
L. S. Elevation: _____
E-log #: _____

County: George 039
Permit #: _____
Driller: Mike
Date drilling completed: 11-22-04

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>Blaine Davis</u>	Latitude: <u>30° 59' 23.6"</u> Longitude: <u>089° 27' 88.0"</u>
Mailing Address: <u>4284 Dickerson Sawmill</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Lucedale 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 2 Twn T15 Rng R5W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>7 Miles NE of Lucedale</u>

Well Data

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

Date well drilling started: 11-22-04 Date well drilling completed: 11-22-04

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

Static Water Level: 55 feet above or below (circle one) land surface Date measured: 11-22-04

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

Hole depth: 130 Well depth: 130 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 120 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: 1/10 inches Setting depth: From 120 feet to 130 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 I

Mississippi Department of Environment and Quality
Office of Land and Water Resources
P.O. Box 10031
Jackson, MS 39208-0031
(601) 357-2310
(601) 357-0938 (fax)

Well No. _____
County _____
City/Town _____
Latitude _____
Longitude _____

Owner Name _____
Mailing Address _____
City _____ State _____ Zip Code _____
Telephone No. _____

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 Location
Latitude _____ Longitude _____
Method of Locating (circle one): () Traditional Survey () GPS
USGS quad, Hand-held GPS, Survey grade GPS
M Sec _____ Twp _____ Rng _____
Direction _____ Distance _____
Direction of _____ Distance of _____

Well Data
Purpose of Well (circle one): () Home () Industrial () Public Supply () Irrigation () Fish Culture () Other _____
Date well drilling started: _____ Date well drilling completed: _____
If flowing, indicate flow rate (gallons per minute): _____ Other (describe): _____
Type of Well (circle one): () Artesian () Cased () Drilled () Other _____
Well depth: _____ feet
Type of casing (circle one): () Concrete () Steel () Plastic () Other _____
Casing height: _____ feet () Cast iron () Steel () Plastic () Other _____
Type of casing: _____ inches
Screen height: _____ feet
Screen diameter: _____ inches
Type of screen: _____
Screen size: _____ inches
Setting depth from _____ to _____ feet
Type of completion (circle all that apply): () Gravel pack () Unscreened () Telescoped () Open hole () Normal () Other (describe): _____
Top of log pipe or reduction in casing: _____ feet. If telescoped or more than one screen, describe on back of page.
Log run (circle all applicable): () No log run () Electric () Gamma Ray () Density () Sonic () Neutron () Other _____

Name of organization running logs: _____
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environment and Quality and the Mississippi Department of Health, Department of Health, Environment and State Laws.
Signature of Water Well Contractor _____
Print Name of Water Well Contractor and License No. _____

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: Mik
 Date completed: 112404

For Office Use Only:

Aquifer: _____
 Well #: D 78
 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>Blaine Davis</u>	Latitude: <u>30 59 236N</u> Longitude: <u>088 27 880W</u>
Mailing Address: <u>4284 Dickerson Dr</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Lucedale</u> <u>Ms</u> <u>39452</u> City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>2</u> Twn <u>T15</u> Rng <u>R5W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>7</u> Miles <u>NE</u> of <u>Lucedale</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>2</u>
Date Pump Installed: <u>11-24-04</u>	Setting Depth: <u>130'</u> feet
Rated Pump Capacity: <u>27</u> Gallons Per Minute	Number of Stages: <u>12</u>

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>55</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>70</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>40</u> GPM with a drawdown of
Test Pumping Rate: <u>40</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 Fry / 0408
 Print Name of Pump Installer and License No. (if applicable)

Michael R Fry / 0408
 Signature of Pump Installer