

# 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 #: D-98  
L. S. Elevation: \_\_\_\_\_  
B-log #: \_\_\_\_\_

County: George  
Permit #: \_\_\_\_\_  
Driller: Mike  
Date drilling completed: 11-17-05

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	
Owner Name: <u>Mike Welford</u>		Latitude: <u>30° 58' 58.2"</u>	Longitude: <u>88° 28' 14.66"</u>
Mailing Address: <u>154 Acorn Ridge Rd</u>		Method of Lat/Long (circle one): Conventional Survey	
<u>Lucedale Ms 39452</u>		USGS quad: <u>Hand-held GPS</u> Survey-grade GPS	
City: _____ State: _____ Zip Code: _____		SW $\frac{1}{4}$ NE $\frac{1}{4}$ Sec. <u>10</u> Twn <u>T15</u> Rng <u>R5W</u>	
Telephone No. (____) _____		Distance: <u>7</u> Miles	Direction: <u>NE</u> of Nearest Town: <u>Lucedale</u>

Well Data		
Purpose of Well (circle one): <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____		
Date well drilling started: <u>11-17-05</u>	Date well drilling completed: <u>11-17-05</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____		
Static Water Level: <u>60</u> feet above or below (circle one) land surface	Date measured: _____	
Method of Measurement (circle one): steel tape electric tape <u>air line</u> other: _____		
Hole depth: <u>125</u> Well depth: <u>125</u>	Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement Bentonite <u>Mix</u>		
Casing length: <u>115</u> feet	Casing diameter: <u>4"</u> inches	Type of casing: <u>PVC 40</u>
Screen length: <u>10</u> feet	Screen diameter: <u>4</u> inches	Type of screen: <u>PVC wrapped</u>
Screen slot size: <u>#8</u> inches	Setting depth: From <u>115</u> feet to <u>125</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	Other (describe): _____	
Top of tap 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 Fry Page 0408  
Print Name of Water Well Contractor and License No.

Michael R Fry Page 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 #: D-92

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

County: DeWitt  
 Permit #: \_\_\_\_\_  
 Driller: Mikes  
 Date completed: 11-19-05

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>Mike Welford</u>	Latitude: <u>30-58-58.2<sup>N</sup></u> Longitude: <u>088-28-14.6<sup>W</sup></u> <span style="margin-left: 100px;"><u>35</u></span> <span style="margin-left: 100px;"><u>09</u></span>
Mailing Address: <u>154 Acorn Ridge 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	<u>1/4</u> <u>1/4</u> Sec <u>10</u> Twn <u>T15</u> Rng <u>R5W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>7</u> Miles <u>NE</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>11-19-05</u>	Setting Depth: <u>100'</u> feet
Rated Pump Capacity: <u>19</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-19-05</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>60</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>80</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>20</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>20</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 Eagle 0408  
 Print Name of Pump Installer and License No. (if applicable)

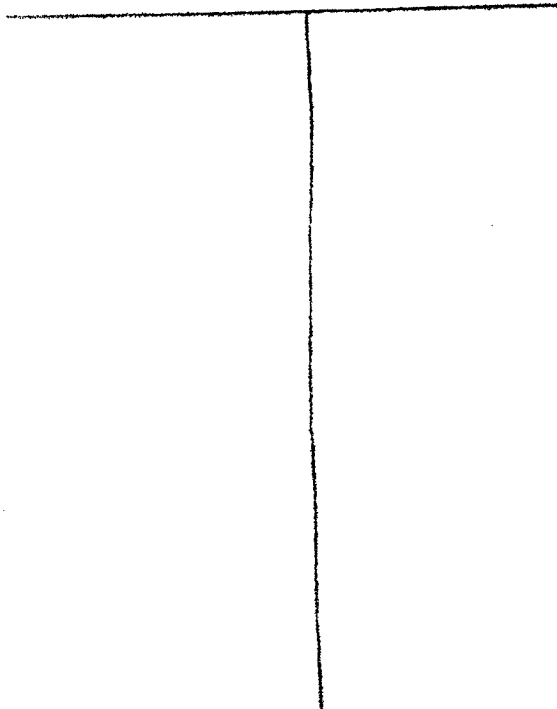
Michael R Fry Eagle 0408  
 Signature of Pump Installer

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D-92

If well telescopes please sketch below and show depths.

Ground Level

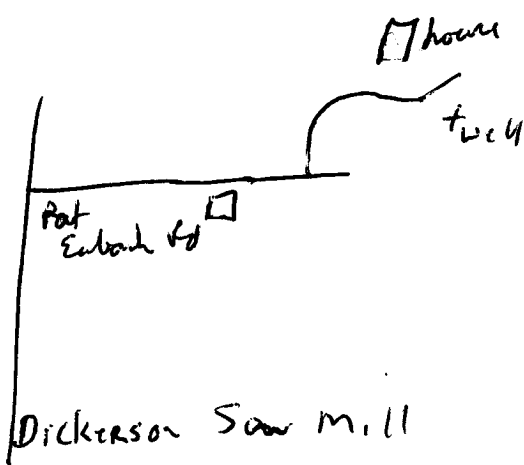


Description of Formations Encountered

Description of Formations Encountered	From	To
Sand	0	7
Clay	7	12
sand	12	38
Clay	38	40
sand	40	58
Clay	58	67
sand	67	72
Clay	72	74
sand fine	74	86
sand med	86	92
Clay	92	100
Clay silt	100	114
Med sand	114	115
Med sand	115	125

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: Mike Welford

Michael R Fryfogel 0408  
Signature of Water Well Contractor

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