

County: Dezoy  
 Permit #: \_\_\_\_\_  
 Driller: Mike & Uebel  
 Date drilling completed: 8-28-07

### Well Driller Report and Well Log

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-118  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

**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>Paul Nickerson</u>	Latitude: <u>30° 59' 55" N</u> Longitude: <u>88° 26' 49" W</u>
Mailing Address: <u>7256 Brush Creek Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS
<u>Lucedal Ms 39452</u>	SW 1/4 NW 1/4 Sec <u>1</u> Twn <u>T15</u> Rng <u>R5W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>8</u> Miles <u>NE</u> of <u>Lucedal</u>

**Well Data**

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

Date well drilling started: 8-28-07 Date well drilling completed: 8-28-07

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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: PUC to

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PUC wrapped

Screen slot size: 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): \_\_\_\_\_

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**SEP 25 2007**  
**BY: OLWR**

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 Fryfogel 0408 Michael R Fryfogel  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

If well telescopes please sketch below and show depths.



# STATE WELL REPORT

## Part 2

Pump Installer's Completion Report  
Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 10031  
Jackson, MS 39208-0031  
(601) 361-5210  
(601) 354-0230 (fax)

County: George  
Permit #: \_\_\_\_\_  
Driller: Mrs J Wood  
Date completed: 8-29-07

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: D-118  
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**

Owner Name: Paul Nickerson  
Mailing Address: 7256 Brush Creek Rd  
Lucedal Ms 39452  
City State Zip Code  
Telephone No. ( ) \_\_\_\_\_

**Well Location**

Latitude: 30-59-555N Longitude: 087-26-49 SEN  
Method of Lat/Long (circle one): Conventional Survey  
USGS quad, Hand-held GPS, Survey-grade GPS  
\_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 Sec 1 Twp T15 Rng R5W  
Distance Direction Nearest Town  
8 Miles NE of Lucedal

**Pump Type**  
Circle one

Air Lift	<input checked="" type="radio"/> Jet	<input type="radio"/> Submersible
Bucket	<input type="radio"/> Piston	<input type="radio"/> Turbine
Centrifugal	<input type="radio"/> Rotary	<input type="radio"/> Floating Well

Other (specify): \_\_\_\_\_  
Date Pump Installed: 8-29-07  
Rated Pump Capacity: 8-12 Gallons Per Minute

**Power Type**  
Circle one

<input checked="" type="radio"/> Hand Engine	<input type="radio"/> Gasoline Engine
<input checked="" type="radio"/> Electric Motor	<input type="radio"/> Head
<input type="radio"/> Windmill	Other (specify): _____

Phase Power Rating of Motor: \_\_\_\_\_  
Setting Depth: 75' feet  
Number of Stages: 2

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BY: OLW/P

**Pump Test Data**

Date Well Tested: \_\_\_\_\_  
Static Water Level (A): 60 Feet Below Land Surface  
Pumping Water Level (B): 70 Feet Below Land Surface  
Drawdown (B) - (A): 10 Feet Below Land Surface  
Test Pumping Rate: 8 Gallons Per Minute  
Duration of Pump Test (minimum 4 hours): 4 hours

**Method of Measuring Water Level**  
Circle one

<input checked="" type="radio"/> Air Line	<input type="radio"/> Electric Measuring Line	<input type="radio"/> Steel Tape
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Other (specify): \_\_\_\_\_  
For flowing well, measured shut in head: \_\_\_\_\_ ft  
Well yielded 8 GPM with a drawdown of  
10 feet after 1 1/2 hours of pump

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Michael R Fry 0808 Michael R Fry