

# State Well Report

## Part 1 - Driller's 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)

County: George  
Permit #: \_\_\_\_\_  
Driller: Mike & Wade  
Date drilling completed: 6-30-08

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: D-132  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Julie Hall</u>	Latitude: <u>30° 55' 55.00" N</u> Longitude: <u>088° 28' 08.70" W</u>
Mailing Address: <u>1101 Noel Embankment Rd</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Lucedal MS 39452</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SW 1/4 SE 1/4 Sec 27 Twn 15 Rng R5W</u>
Telephone No. ( ) _____	Distance: <u>7</u> Miles Direction: <u>E</u> of Nearest Town: <u>Lucedal</u>

**Well / Borehole Data**

Date drilling started: 7-30-08 Date drilling completed: 6-30-08 Hole depth: 160 Hole diameter: 7 1/2

Location of the source of any surface water used for drilling: NONE

Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

Logs run (circle all applicable): No log run  Electric  Gamma Ray  Density  Sonic  Neutron  Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (check one): Water Well  Geotechnical/Geological Investigation  Ground Source Heat Pump   
Seismic Survey  Other (describe) \_\_\_\_\_

*If drilling is not related to water well construction, skip the remainder of this block*

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

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

Static Water Level: 115 feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Well depth: 160 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 150 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: 6 inches Setting depth: From 150 feet to 160 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 next page*

Form: OLWR-SWR-1A

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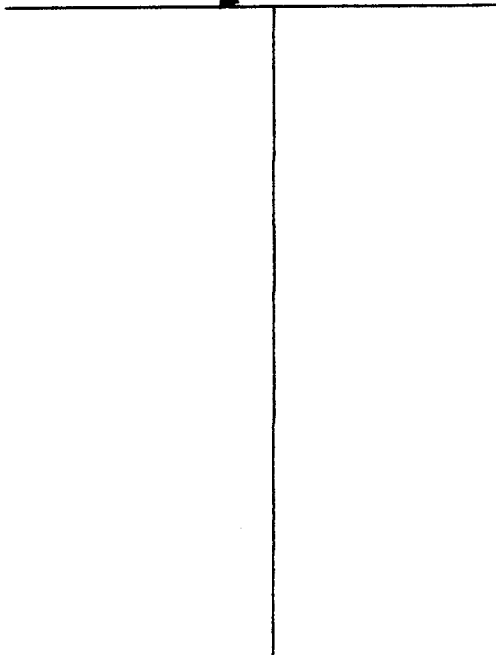
BY: OLWR

D-132

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level

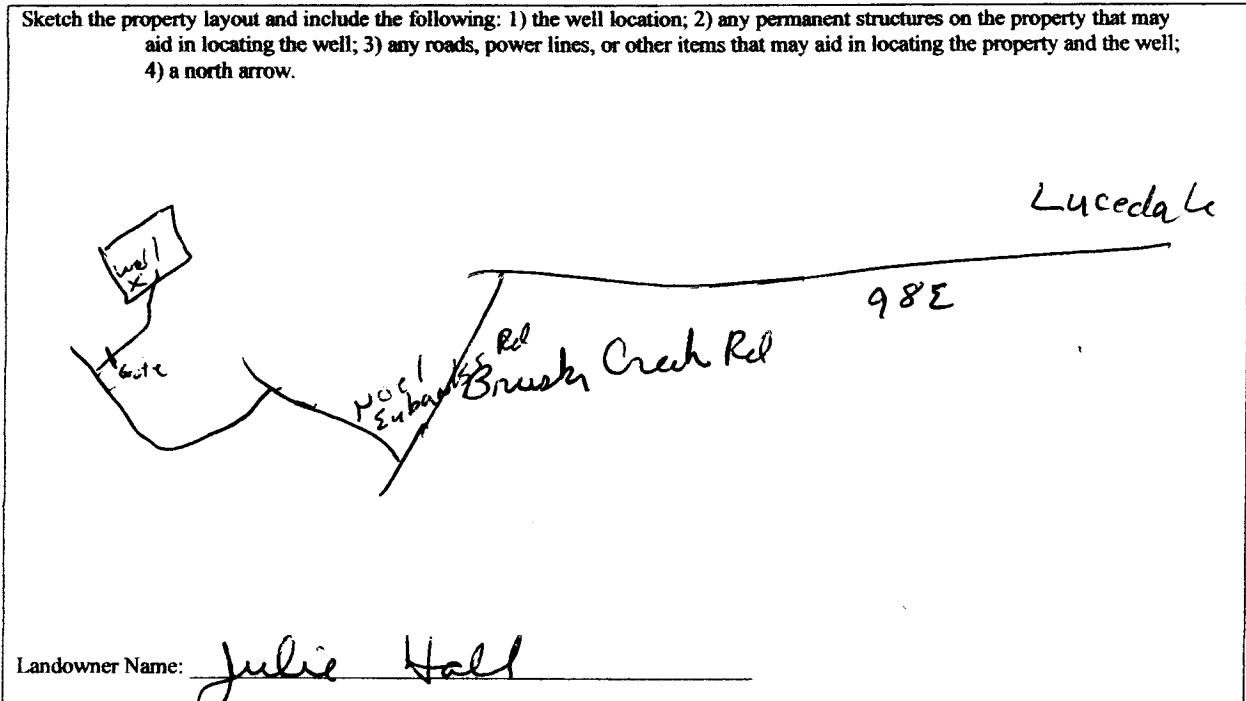


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Clay	0	2
spld	2	8
Clay	8	21
spld	21	42
Clay	42	90
spld	90	95
Clay	95	120
spld	120	135
sand	135	165

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) a north arrow.



Form: OLWR-SWR-1A

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Michael R Fry 10408 6-30-08  
Print Name of Responsible Licensee and License No. Date

Michael R Fry  
Signature of Licensee

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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)

County: Dezoy  
 Permit #: \_\_\_\_\_  
 Driller: Mike & Wade  
 Date completed: 7-2-08  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: D-132  
 Elevation: \_\_\_\_\_

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>Julie Hall</u>	Latitude: <u>30 55-55 N</u> Longitude: <u>088 28-087 N</u>
Mailing Address: <u>1101 Noel Embank RD</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Lucedale MS 39452</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>27</u> T <u>15</u> R <u>R5W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>7</u> Miles <u>E</u> of <u>Lucedale</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <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>7-2-08</u>	Setting Depth: <u>1</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>15</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>115</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>130</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>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.

Michael R Fry 0468 Michael R Fry  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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