

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)

County: George 039
Permit #: _____
Driller: Mike J Wade
Date drilling completed: 2-18-05

For Office Use Only:
Aquifer: _____
Well #: F-128
L. S. Elevation: _____
E-log #: _____

Fryfogel 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>Ralph Steele</u>	Latitude: <u>30° 52' 22" N</u> Longitude: <u>088° 42' 04" W</u>
Mailing Address: <u>114 Alman Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , <u>31</u> <u>05</u>
<u>Lucedale MS 39452</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE 1/4 NE 1/4 Sec 17 Twn T25 Rng R7W</u>
Telephone No. ()	Distance Direction Nearest Town <u>6 Miles SW of Lucedale</u>

Well Data

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

Date well drilling started: 2-18-05 Date well drilling completed: 2-18-05

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

Static Water Level: 4.5 feet above or below (circle one) land surface Date measured: 2-18-05

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

Hole depth: 140 Well depth: 140 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 130 feet Casing diameter: 2 inches Type of casing: PVC 40

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

Screen slot size: # 8 inches Setting depth: From 130 feet to 140 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 Fryfogel 0408 Michael R Fryfogel 0408
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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MAR 24 2005
BY: OLWR

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 #: F-128

Elevation: _____

County: Dezade
 Permit #: _____
 Driller: Mike Wade
 Date completed: 2-18-05

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
740' Owner Name: <u>Ralph Steele</u> Mailing Address: <u>114 Alman Rd</u> <u>Lucedale Ms 39452</u> City State Zip Code Telephone No. () _____	Latitude: <u>30-52-220N</u> Longitude: <u>088-42-014W</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>17</u> Twn <u>T25</u> Rng <u>R7W</u> Distance Direction Nearest Town <u>6</u> Miles <u>SW</u> of <u>Lucedale</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> <u>Jet</u> <input type="radio"/> Submersible Bucket <input type="radio"/> Piston <input type="radio"/> Turbine Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well Other (specify): _____ Date Pump Installed: <u>2-18-05</u> Rated Pump Capacity: <u>8-12</u> Gallons Per Minute	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO Windmill <input type="radio"/> Other (specify): _____ Horse Power Rating of Motor: <u>1</u> Setting Depth: <u>60</u> feet Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-18-05</u> Static Water Level (A): <u>45</u> Feet Below Land Surface Pumping Water Level (B): <u>55</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface Test Pumping Rate: <u>8</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	<input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>8</u> GPM with a drawdown of <u>10</u> feet after <u>1 1/2</u> hours of pumping

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

Michael R Fry Fogle 0408 Michael R Fry Fogle 0408
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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MAR 24 2005

BY: OLWR