

# 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 #: J-62  
L. S. Elevation: \_\_\_\_\_  
B-log #: \_\_\_\_\_

County: George  
Permit #: \_\_\_\_\_  
Driller: Mark & Wade  
Date drilling completed: 11-7-06

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>William Engal</u>	Latitude: <u>30.44.827N</u> Longitude: <u>89.45.366W</u>
Mailing Address: <u>4104 Palmdale Dr</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input checked="" type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Mobile</u> AL <u>36609</u>	USGS quad, <u>NW 1/4 NE 1/4 Sec 35 Twn 135 Rng R8W</u>
City State Zip Code	Distance <u>9</u> Miles Direction <u>S</u> of Nearest Town <u>Benningdale</u>
Telephone No. _____	

**Well Data**

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

Date well drilling started: 11-7-06 Date well drilling completed: 11-7-06

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

Static Water Level: 15 feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Hole depth: 60 Well depth: 60 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite  Mix

Casing length: 55 feet Casing diameter: 2 inches Type of casing: PVC 40

Screen length: 5 feet Screen diameter: 2 inches Type of screen: PVC wrapped

Screen slot size: 8 inches Setting depth: From 55 feet to 60 feet

Type of completion (circle all applicable):  Gravel packed  Underreamed  Telescoped  Open hole  Natural Development

Other (describe): \_\_\_\_\_

Top of top 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 Fogle 0408 Michael R Fry Fogle 0408  
Print Name of Water Well Contractor and License No. 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 39288-0631  
 (601)961-5210  
 (601)354-6938 (fax)

For Office Use Only:

County: George  
 Permit #: \_\_\_\_\_  
 Driller: Mick & Wade  
 Date completed: 11-7-06

Aquifer: \_\_\_\_\_  
 Well #: 5-62  
 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>William Grogan</u>	Latitude: <u>30 44 82 W</u> Longitude: <u>088 45 30 W</u>
Mailing Address: <u>4004 Palmdale, Dr</u>	Method of Lat/Long (circle one): Conventional Survey.
<u>Mobile, AL 36609</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>14</u> <u>14</u> Sec <u>35</u> Twn <u>T35</u> Rng <u>R8W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>9</u> Miles <u>S</u> of <u>Lucedale</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas
Bucket <input type="radio"/> Platen <input type="radio"/> Turbine	<u>Electric Motor</u> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>11-7-06</u>	Setting Depth: <u>45</u> feet
Rated Pump Capacity: <u>8-12</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	<u>Air Line</u> <input checked="" type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>15</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>30</u> Feet Below Land Surface	For flowing well, measured static in head: _____ feet
Drawdown ((B) - (A)): <u>15</u> Feet Below Land Surface	Well yielded <u>9</u> GPM with a drawdown of
Test Pumping Rate: <u>9</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 Fryfoyle 0408  
 Print Name of Pump Installer and License No. (if applicable)

Michael R Fryfoyle 0408  
 Signature of Pump Installer

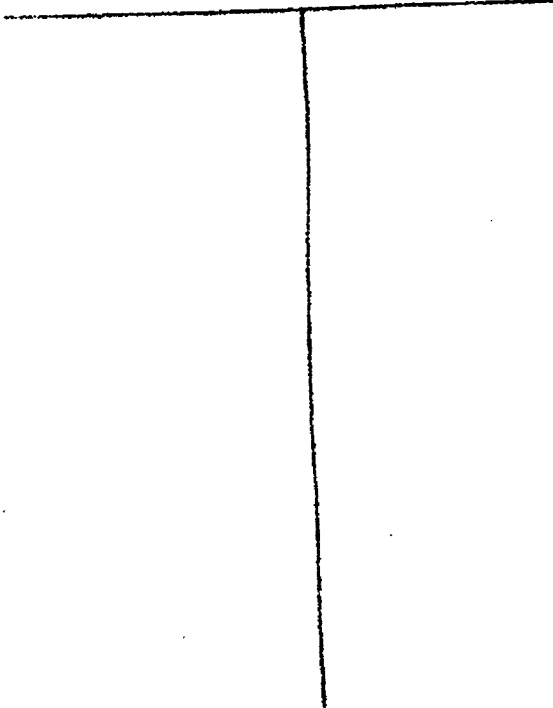
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J-62

If well telescopes please sketch below and show depths.

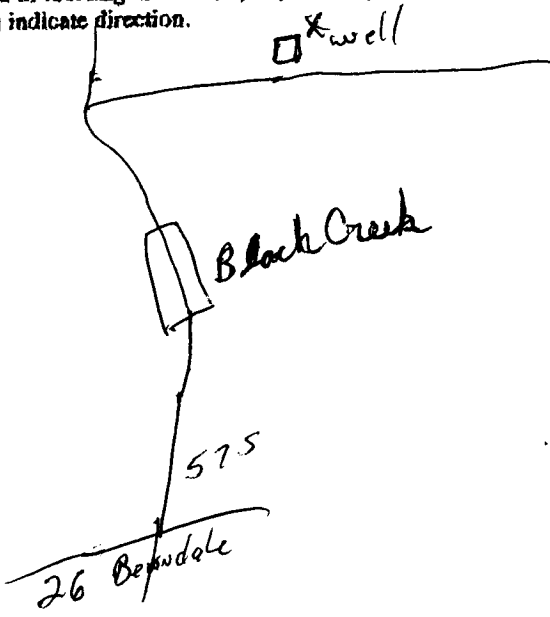
Ground Level



Description of Formations Encountered	From	To
Clay	0	3
sand	3	8
Clay	8	9
sand	9	26
Clay	26	27
sand	27	60

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: William Engal

Michael R. Snydel 0408  
Signature of Water Well Contractor

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