

# 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)

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: K-89 039  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: George  
Permit #: \_\_\_\_\_  
Driller: Mick  
Date drilling completed: 7-16-04

*Anylog 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>Henry Dean</u>	Latitude: <u>30.46.123</u> Longitude: <u>088.37.964</u>
Mailing Address: <u>155 Drain Elevator Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Lucedah</u> <u>MS</u> <u>39452</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	<u>R 1/4 SE 1/4 Sec 24</u> Twn <u>T35</u> Rng <u>R7W</u>
Telephone No. ( ) _____	Distance <u>7 1/2</u> Miles Direction <u>SW</u> of Nearest Town <u>Agriculture</u>

### Well Data

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

Date well drilling started: 7-16-04 Date well drilling completed: 7-16-04

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

Static Water Level: 35 feet above or below (circle one) land surface Date measured: 7-16-04

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: PVC 40

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

Screen slot size: 1/8 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): \_\_\_\_\_

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 0408  
Print Name of Water Well Contractor and License No.

Michael R. Fry 0408  
Signature of Water Well Contractor

RECEIVED  
SEP 01 2004  
BY: OLWR

# State Well Report

## Part I

Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10031  
 Jackson, MS 39288-0031  
 (601) 354-2210  
 (601) 354-0938 (fax)

Post Office Use Only

Applies to Wells with  
 L.S. Electrical  
 License No.

County  
 Permit No.  
 District  
 State License No.

Grant now 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.

<p>Well Location</p> <p>Location</p> <p>Method of Land (agricultural, forest, etc.)</p> <p>USGS quad, Twp. and R. (e.g., 24S, 10E)</p> <p>Distance</p> <p>Direction</p> <p>Nearest Town</p>	<p>Well Owner Information</p> <p>Name</p> <p>Address</p> <p>City</p> <p>State</p> <p>Zip Code</p> <p>Telephone No.</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------

Well Data

Depth of Well (to base of casing) \_\_\_\_\_ feet

Date well drilling completed \_\_\_\_\_

Flowing, method of flow (if any) \_\_\_\_\_ (Other (describe) \_\_\_\_\_)

Flow to surface (if any) \_\_\_\_\_ (Other (describe) \_\_\_\_\_)

Method of Completion (Casing type) \_\_\_\_\_ (Steel type) \_\_\_\_\_ (Electric type) \_\_\_\_\_ (Air line) \_\_\_\_\_ (Other) \_\_\_\_\_

Well drilled to a depth of \_\_\_\_\_ feet

Type of gravel (if any) \_\_\_\_\_ (Cement) \_\_\_\_\_ (Bentonite) \_\_\_\_\_ (Mix) \_\_\_\_\_

Casing diameter \_\_\_\_\_ inches

Type of casing \_\_\_\_\_

Screen diameter \_\_\_\_\_ inches

Type of screen \_\_\_\_\_

Screen slot size \_\_\_\_\_ inches

Setting depth \_\_\_\_\_ feet

Travel pack \_\_\_\_\_ (Travel pack) \_\_\_\_\_ (Underreamed) \_\_\_\_\_ (Telescoped) \_\_\_\_\_ (Open hole) \_\_\_\_\_ (None of the above)

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

If telescoped or more than one screen, describe on back of report \_\_\_\_\_

Log run (check 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, completed, and cased in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Print Name of Water Well Contractor and License No. \_\_\_\_\_

Signature of Water Well Contractor \_\_\_\_\_

RECEIVED

DATE

TIME

# 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: Dezade  
 Permit #: \_\_\_\_\_  
 Driller: Mik  
 Date completed: 7-26-04

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: K-89  
 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>Henry Dean</u>	Latitude: <u>30-46 123N</u> Longitude: <u>088-37-964W</u>
Mailing Address: <u>155 Drain Elevator Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Lumboldt Ms 39452</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	1/4 1/4 Sec. <u>329</u> Twn <u>T35</u> Rng <u>R7W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>7 1/2</u> Miles <u>SW</u> of <u>Agriola</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Jet <input type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>7-26-04</u>	Setting Depth: <u>60</u>
Rated Pump Capacity: <u>8-12</u> Gallons Per Minute	Number of Stages: <u>2</u>

**RECEIVED**  
SEP 01 2004

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-26-04</u>	<b>BY: OLWR</b>
Static Water Level (A): <u>35</u> Feet Below Land Surface	<u>Air Line</u> <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Pumping Water Level (B): <u>45</u> Feet Below Land Surface	Other (specify): _____
Drawdown [(B) - (A)]: <u>45</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>8-12</u> Gallons Per Minute	Well yielded <u>8</u> GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	<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.

---

Print Name of Pump Installer and License No. (if applicable) \_\_\_\_\_ Signature of Pump Installer \_\_\_\_\_

K-89

If well telescopes please sketch below and show depths.

Ground Level

--	--

Description of Formations Encountered

From To

Top sand	0	4
sand	4	10
clay	10	15
sand	15	26
Clay	55	62
sand	62	90

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.

**RECEIVED**  
 SEP 01 2004  
 BY: OLWR

Landowner Name: Henry Dean

Henry Dean  
 Signature of Water Well Contractor  
Michael R Fryff 0408