

# 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 #: K-91  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: George  
 Permit #: \_\_\_\_\_  
 Driller: Mike  
 Date drilling completed: 6-28-05

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>Mrs Dan Fairly</u>	Latitude: <u>30° 46' 10"</u> Longitude: <u>88° 40' 23"</u>
Mailing Address: <u>6156 Salem School Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Lucedale</u> <u>MS</u> <u>39452</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1R</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ Sec <u>22</u> Twn <u>T35</u> Rng <u>R7W</u>
Telephone No. ( ) _____	Distance <u>8</u> Miles Direction <u>S W</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: 6-28-05 Date well drilling completed: 6-28-05

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

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

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

Hole depth: 120 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 110 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 110 feet to 120 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  
 Print Name of Water Well Contractor and License No.

Michael R Fryfogel 0408  
 Signature of Water Well Contractor

**RECEIVED**  
 JUL 28 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 #: K-91

Elevation: \_\_\_\_\_

County: George

Permit #: \_\_\_\_\_

Driller: Mish

Date completed: 6-28-05

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
Owner Name: <u>Dan Fairly</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>6156 Salem School Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Lucedale MS 39452</u>	1/4 _____ 1/4 Sec <u>22</u> Twn <u>T35</u> Rng <u>R7W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (_____) _____	<u>8</u> Miles <u>SW</u> of <u>Agricola</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket <input type="radio"/> Piston <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 Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2</u>
Date Pump Installed: <u>6-28-05</u>	Setting Depth: <u>20</u> feet
Rated Pump Capacity: <u>6-8</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-28-05</u>	<u>Air Line</u> <input checked="" type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>flowing</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>0</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>0</u> Feet Below Land Surface	Well yielded <u>6</u> GPM with a drawdown of
Test Pumping Rate: <u>6</u> Gallons Per Minute	<u>0</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 Fryfogle 0408  
Print Name of Pump Installer and License No. (if applicable)

Michael R Fryfogle 0408  
Signature of Pump Installer

RECEIVED

JUL 28 2005

BY: OLWR

