

# 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-92  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: George  
 Permit #: \_\_\_\_\_  
 Driller: Mike & Wade  
 Date drilling completed: 9-13-05

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>Allen McDaniel</u>	Latitude: <u>30° 47' 35" N</u> Longitude: <u>088° 41' 00" W</u>
Mailing Address: <u>PO Box 173</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Saucin Ms 39574</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	IR $\frac{1}{4}$ IR $\frac{1}{4}$ Sec: <u>15</u> Twp: <u>13S</u> Rng: <u>R7W</u>
Telephone No. ( )	Distance: <u>6</u> Miles Direction: <u>SW</u> Nearest Town: <u>Secedah</u>

**Well Data**

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

Date well drilling started: 9-13-05 Date well drilling completed: 9-13-05

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

Static Water Level: 4' above ground feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Hole depth: 115 Well depth: 115 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 105 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: 8 inches Setting depth: From 105 feet to 115 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  
 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 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

County: George  
 Permit #: \_\_\_\_\_  
 Driller: Mike + Wade  
 Date completed: \_\_\_\_\_

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: K-92  
 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>Glen McDaniel</u>	Latitude: <u>30 47-35 N</u> Longitude: <u>088 41-00 W</u>
Mailing Address: <u>PO Box 173</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Daucier Ms 39574</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>15</u> Twn <u>T35</u> Rng <u>R7W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>6</u> Miles <u>SW</u> of <u>Lucedal</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2</u>
Date Pump Installed: <u>9-13-05</u>	Setting Depth: <u>40'</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-13-05</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>4 above land</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>20</u> Feet Below Land Surface	For <u>flowing well</u> measured shut in head: <u>116.5</u> feet
Drawdown [(B) - (A)]: <u>24</u> Feet Below Land Surface	Well yielded <u>6</u> GPM with a drawdown of
Test Pumping Rate: <u>17</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 Fry 03408 Michael R Fry 0408  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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K-92

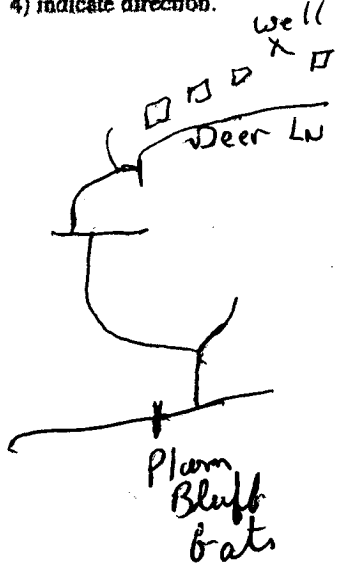
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	4
sand	4	22
Clay	22	53
sand	53	72
Clay	72	90
sand	90	115

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: Allen McDaniel

Michael R. Fryfogel 0408  
Signature of Water Well Contractor

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